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ABSTRACT

This report describes activities and accomplishments of Colorado's statewide system of early intervention supports and services during 1996-1997 under Part H of the Individuals with Disabilities Education Act. Major accomplishments identified include administrative changes, implementation of a community capacity building strategy, use of community consultants, a rural county project, parent leadership and support, a statewide evaluation project, training activities, and a community infant services review. Activities relating to required components under Part H are reported, concerning such aspects as the state definition of developmental delay, the central directory, the timetable for serving all eligible children, the comprehensive system of personnel development, Individualized Family Service Plans, procedural safeguards, and data collection. The report briefly addresses agencies involved in provision of services, types of services currently available, sources of fiscal and other support, interagency agreements, status of achievement of objectives, and description of use of funds. Appendices comprise much of the document and include local community reports, a statewide evaluation report, a policy statement, guidelines for eligibility determination, and an article, "What Is 'Early Childhood Connections?'" by James Ledbetter. (DB)

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Annual Performance Report

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Part H of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families

Year X (1996-1997)

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Early Childhood Connections
for Infants, Toddlers & Families

approved by the
Colorado Interagency Coordinating Council

EC 306685

Annual Performance Report

Part H of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families

Year X (1996-1997)

Colorado State Board of Education
Seated January 1997

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approved by the
Colorado Interagency Coordinating Council

INTERAGENCY COORDINATING COUNCIL
CERTIFICATION OF ANNUAL REPORT

On behalf of the Interagency Coordinating Council (ICC) of Colorado, I certify that the ICC ___X___ agrees/________ disagrees (*) with the information presented in the State's Annual Performance Report for FY 1996-97. The Council understands that Section 80.40 of the Education Department General Administrative Regulations (EDGAR), requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the fifteen (15)-month grant period, as well as how funds were spent. The Council has reviewed the Report for completeness of its contents and accuracy.

Sandra Scott
Signature of ICC Chairperson

May 11, 1998
Date

(*) The Council may submit additional comments related to the lead agency's Annual Performance Report and append comments to the Report.

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Signature of ICC Chairperson

4-30-98
Date

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Annual Performance Report for Part H
FY 1996-97, Year X Participation

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DESCRIPTION OF ACTIVITIES RELATED TO COMPONENTS OF COLORADO'S STATEWIDE SYSTEM OF EARLY INTERVENTION SUPPORTS AND SERVICES

Colorado continues to meet the challenge of the Individuals with Disabilities Education Act, Part H (IDEA): the development and implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention supports and services for infants and toddlers with disabilities and their families. This annual report represents the progress and activities which have occurred in meeting this challenge from October 1, 1996 through December 31, 1997.

The Colorado Department of Education, Early Childhood Initiatives (CDE/ECI), the Lead Agency for Part H, with the guidance of the Colorado Interagency Coordinating Council (CICC), has developed a value base and conceptual framework that guides and directs the Part H early intervention system of supports and services. An overall guiding principle that influences all components of the system development is the involvement and empowerment of families.

The CICC developed and supports the following values:

- Children and families are valued for their unique capacities, experiences, and potential.
- Families have the right and responsibility to make decisions on behalf of their children and themselves.
- Communities are enhanced by recognizing and honoring the diversity among all people.
- Families make the best choices when they have comprehensive information about the full range of formal and natural resources in their communities.
- Creative, flexible, and collaborative approaches to early intervention supports and services allow for individual child, family, and community differences.

The CICC conducts full-day, open meetings of the entire council on a modified bimonthly basis between November and May. Meetings are open to the general public and public input and discussion are systematically invited and scheduled. During the period covered by this report, the CICC met November 12, 1996, January 14, 1997, March 11, 1997, May 13, 1997 and November 18, 1997. On September 22, 23, 1997 the CICC met for the annual retreat. To facilitate more opportunities for local communities to participate in CICC activities, several of these business meetings were held in various locations in the state.

During 1996-97, a new facilitator was hired to facilitate the CICC meetings; the two Co-Chairs of the CICC facilitated the Executive Committee meetings. To expedite immediate response and assistance to the Lead Agency, provide leadership and coordination with other state efforts, the Executive Committee, comprised of the two Co-Chairs (who are, by policy, parents of children with disabilities) and four elected members of the Council, act on behalf of the Council through monthly or bimonthly meetings, fax and telephone conferences. As of December 1997, members of the Executive Committee are Barbara Stutsman and Sandra Scott, Co-Chairs, Steven Smetak, Joan Eden, Corry Robinson, and Don St. Louis. CDE Part H Staff and the CDE/ECI Staff Assistant attend the CICC Executive Committee meetings, recording recommendations and sharing information.

MAJOR ACCOMPLISHMENTS DURING YEAR X

Administrative Changes

In October 1996, a new full time Part H consultant (Tom Patton) was hired to work in partnership with the Part H coordinator (Diane Turner). In April 1997, the Part H coordinator resigned and that position was vacant throughout the rest of the fiscal year. Tom Patton and Elizabeth Hepp (Program Supervisor) assumed the duties of the Part H coordinator in the interim. A new Part H coordinator (Susan Smith) was hired effective January 1, 1998.

Community Capacity Grants

Continued implementation of a community capacity building strategy with fiscal allocations made to the 17 Colorado counties (or county clusters) that represent, according to state census data, approximately 94 percent of Colorado's infant and toddler population. These funding allocations were made on a census formula basis (similar to the current federal formula for Part H funding). Community grant applications were submitted by local interagency coordinating councils and included plans to address all of the Part H assurances. These applications also address local efforts to continue to implement policies, procedures and activities aimed at building inclusive communities that support families and children. The application review and revision process resulted in one community being required to make major changes in their application and infrastructure to achieve compliance with Part H and congruence with CICC values. **(see appendix 1).**

Community Consultants

Continuation of an initiative to provide support to local communities. Community consultants provide technical assistance and support to local communities to achieve the goals and activities detailed in the community grant applications. Community consultants are also involved in monitoring/evaluation activities through participation in the CISR process,

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community application review, grant management, project management and act as liaisons to other state agencies and ICC committees. **(see appendix 2).**

Rural County Project

Continued implementation of all components of the Part H program to families with infants and toddlers living in rural areas of the state (33 counties representing approximately 6 percent of the state's population that are not covered by the community capacity building grants). The Lead Agency contracts with the Colorado Foundation for Families and Children to continue the Rural County Project.

Currently in Colorado, all but the very rural or frontier counties are now receiving grants with Part H federal dollars to work on community development and implementation of the law. Progress has been made in the areas of: the delivery of Part H entitlements; service coordination provided in a manner consistent with the intent of the legislation and the CICC values; broader interagency development and education of roles and responsibilities in providing supports and services to families of children birth to three with disabilities; service providers delivering supports and services in ways more consistent with current best practices; and increased parent leadership in local efforts.

Plans for next year of the Rural County Project include: work to increase accountability in the use of Part C funds by providing tools for self assessment and addressing identified needs through intensive training for local board/council development; increase parent leadership in local decision making processes; and developing plans to address the shortage of certified providers in rural and frontier areas.

Parent Leadership and Parent Support

During 1996-97, various parent initiated efforts at the local, regional and state level have continued and been supported by the Lead Agency. **Partners in Leadership** continues to play an important role in training emerging parent leaders throughout the state with a special emphasis on Part H families. Between April and June 1997 members of the CICC and the Lead Agency developed a plan for a **Parent Leadership Development** initiative. The University Affiliated Program was contracted to conduct a study to survey 23 parent leaders in Colorado, state agency personnel involved in parent leadership activities and begin a search of parent leadership development resources. During the fall of 1997, the Parent Leadership Development Advisory Group met and based on the findings in the study identified outcomes and activities to support this initiative. The specific activity workplans will be developed and carried out throughout the next year.

In collaboration with the state's IDEA, Part B program, Part H supports Parents Encouraging Parents (PEP), a statewide program of information sharing and emotional support. PEP conducts three conferences per year for approximately 120 parents and professionals who attend for 2 1/2 days and get information about legal rights under IDEA, the IFSP/IEP planning process, early childhood resources and supports and other topics relevant to families of children with disabilities. During j1996-97, the conferences were held in November, January, and April in locations around the state.

During 1996, the Lead Agency funded a project to write and promote curriculum for parent leadership development. The curriculum was incorporated in 1997 for use by the Family Centers statewide. A statewide meeting was held in Summit County in the summer of 1997 with support from the Lead Agency to plan state level Parent-to-Parent of Colorado activities.

Each funded local Part H interagency group includes focused parent-to-parent support and parent leadership activities. The effort to recruit parents for leadership positions within local ICCs and communities is being supported through state and local level initiatives. As a CICC member noted, "Although we continue to struggle with encouraging local level parent leadership we have seen significant increases in parent participation and leadership during this past year."

Statewide Evaluation Project

The Colorado Foundation for Families and Children began a statewide evaluation of Part H in January 1996 on contract for the Lead Agency. The purpose of the project was to evaluate four primary outcomes based on a Part H implementation system congruent with the CICC values and IDEA, Part H. These outcomes are:

Outcome 1: Infants and toddlers have opportunities to enhance their development and their parents' abilities to support this development is enhanced through Part H initiatives.

Outcome 2: Local Part H initiatives create inclusive communities for infants and toddlers eligible for Part H and their families.

Outcome 3: Every child between birth and three years of age eligible for Part H and their families has access to and understanding of all components of Part H: Identification; evaluation; assessment; service coordination; IFSP development and implementation; procedural safeguards; qualified personnel; supports and services consistent with CICC values; and transition planning.

Outcome 4: State systems work collaboratively to ensure maximum utilization of funds to minimize duplication and to support communities with local collaborative activities.

The project issued the statewide report December 1997 **(see appendix 3**). They disseminated community specific evaluation feedback through phone contact and printed materials to each community and an on-site visit/presentation to any community requesting individualized follow up.

Community Infant Services Review (CISR)

The Lead Agency continued the Community Infant Services Review (CISR), a comprehensive, interagency on-site monitoring and review process that uses personal interviews, focus groups and transcriptions of tape recorded interviews as strategies for gathering information about local service and support capacity and assists communities in developing coherent plans for development and enhancement. The CISR was used to continue a planning process which resulted in a long range plan identifying activities to address issues identified through CISR and the technical assistance required to accomplish these activities. The information gathered and plan that was developed were also used in preparing the community's application for funds. During 1996-97, a new contractor was hired.

Training Activities (See **Required Component: Comprehensive System of Personnel Development).**

Memorandum of Understanding

The Memorandum of Understanding (MOU) committee (the CICC co-chairs and the four signatory agencies, the Colorado Departments of: Education; Human Services; Public Health and Environment; and Health Care Policy and Financing) recommended to the CICC that four of the MOU collaborative initiatives required further research to identify issues, challenges and recommendations to achieve the goals as articulated in the MOU (service coordination; IFSP development and implementation; evaluation; and finance/resource. The committees were supported by leadership through CICC Executive Committee liaisons and CDE Part H staff. The following activities/products resulted from this work:

- IFSP/Service Coordination

In 1996-97 a task force composed of parents and professionals and co-chaired by the CICC and the lead agency completed the IFSP Guidelines. These were reviewed statewide and adopted by the CICC and MOU committee after being piloted in several local communities. A second task force was working concurrently on guidelines for Service Coordination which will reflect both the specifics of the law and those things which parents have described as being most helpful or important. Both sets of guidelines contain family stories to illustrate how the system can work to support families and activities or questions to promote personal reflection. Eight **Service Coordinator Mentors** will be hired in the next year and will promote the use of the guidelines in local communities through training and coaching of community based service coordinators. The mentor program is a joint effort between the PEAK Parent Center, the Lead Agency and the Developmental Disabilities Services (DDS).

- Evaluation

During 1996-97, a family survey was distributed to every family that was reported as being eligible for Part H services on the December 1 Federal data count. These surveys were distributed through the local community projects and were returned to the organization that had been contracted to do the evaluation, the Colorado Foundation for Families and Children. About 700 surveys were returned and analyzed. Reports on the information gained were given to the CICC, the Lead Agency, and each local community. The local communities received copies of the statewide results, their local results and various other reports.

- Finance/Resource

Based upon the recommendations of the Finance/Resource Committee that met during 1995-96, two major activities were conducted during 1996-97. A comprehensive review was made of the feasibility of establishing a state insurance pool that would have created new state resources to pay for Part H early intervention services identified on IFSPs and a report was issued. The results of the study concluded that the legislative support was not in place at that time to dedicate new state dollars to this program. The second major activity was to develop a state policy defining the appropriate use of Part H funds as payor of last resort and procedures for determining family contribution to the payment for services and supports without denying any family needed services and support based on an inability to pay (i.e. a sliding fee scale). A copy of the draft policy is included in **appendix 4.**

REQUIRED COMPONENTS

The on-going development of the Part H system, and specific accomplishments addressed in Year X, are summarized below in relationship to the required components.

Component: State Definition of Developmental Delay (303.300)

The 1995 revisions in the Part H State Plan involving the pivotal emphasis of *Informed Clinical Opinion* and clarification regarding the appropriate use of standardized instruments as only one option of multiple processes involved in determining eligibility resulted in a significant need for further clarification, training and technical assistance. This appeared to be particularly true if teams had been relying solely on standardized measures as indicators of eligibility.

During 1996-97 the lead agency contracted with the University of Colorado at Boulder to conduct training in local communities on Infant Assessment with an emphasis on the use of Informed Clinical Opinion in determining eligibility. In addition to local training sessions that were conducted on request, a series of Colloquy on Assessment were established that invited service providers from across the state to participate in day long forums of presentations and discussions focused on issues of best practice in assessment and eligibility determination. During 1996-97 the lead agency, in collaboration with the State Department of Human Services, Developmental Disabilities Services personnel, conducted two meetings to study the definition of Informed Clinical Opinion and to examine potential or perceived discrepancies between the definition of developmental delay under Part H and the definition that has been adopted by the Department of Human Services and which could be based on a single standardized instrument. These meetings and the dialogue that was initiated has led to greater clarity of the intent and practice of using Informed Clinical Opinion as a standard of best practice in determining eligibility for services. The Lead Agency (CDE) and DDS adopted a shared agreement on principles regarding eligibility determination that distributed throughout the state **(appendix 5).**

Component: Central Directory (303.301)

The Part H Central Directory has evolved into a statewide effort to share time and resources of community-based and statewide initiatives for the maintenance of relevant early intervention information. Through a network of Part H funded community grants and providers of other human services, the Part H Central Directory has been redesigned to include a broad array of resources that families and communities identify as important. The resources include local, statewide and national references and are updated by a network of users with quality assurances provided through a contract the Lead Agency has established with a programmer and data analyst. Minimum information in the Central Directory includes: public and private intervention supports, services, resources and experts available; research and demonstration projects being conducted in the state; and professional and other groups that provide assistance to children and families under this part.

Through the use of technology, the Directory, is known statewide as DOOR On-line (http://www.dooronline.org), and is available in multiple formats. A unique feature of DOOR Online is its' low-cost reliance on users to help maintain and share pertinent and accurate information. The Lead Agency continues to work closely with the Colorado State Library Information Network -- ACLIN -- and the Directory is now available in all library sites, on-line for people with computer modems, and available on Colorado Meeting Place -- a disability bulletin board available toll-free across the state. This information is also directly linked to the Colorado Department of Education's website. Local communities have begun updating their own information online. They are also able to disseminate specific resource information in paper copy and on disc.

The challenge focuses on moving forward in association with many other information management projects occurring throughout the state. We are committed to on-going collaboration with existing Information and Referral systems in order to avoid duplication and promote provision of quality information. The intent is to continue to build on a directory that is publicly available, free of charge and accessible to the widest possible audience, including parents, and to maximize resources which are currently being invested in managing the expansion of information access.

Component: Timetable for Serving All Eligible Children (303.302)

The CICC and CDE/ECI assures that a coordinated, interagency statewide system of early intervention supports and services is made available for all infants and toddlers eligible for Part H and their families. This system includes multidisciplinary evaluation and assessment, service coordination, IFSP development and implementation of procedural safeguards.

Component: Public Awareness Program (303.320)

A public awareness campaign has continued with many activities coordinated with various other state initiatives. Specific public awareness activities for 1996-97 included:

The promotion and expanded awareness of the new name for Part H efforts in the state, **Early Childhood Connections for Infants, Toddlers and Families** along with a new logo to represent a visual image of the new name.

An update of Early Childhood Connections general brochure which is available in both English and Spanish and is widely distributed across the state to a vast array of audiences. This brochure provides general information in a concise manner using non-technical language to highlight Part H /Early Childhood Connections in Colorado. A list of local Part H projects and contact numbers are provided. (The Spanish version is currently being developed).

The update and distribution of the **Rainbow Packet** (in conjunction with the NICU project, PEAK parent center, Arapahoe Early Childhood Network and CDE/ECI). This packet is general information about Early Childhood Connections, which defines terms, supports, services and rights for families and young children. Communities request this packet of information frequently to give to families, agencies and use as a tool to inform the public about Part H. Available in both English and Spanish.

Development of a 2-panel poster table top display which is based upon the Part H general brochure. This tabletop display has been used for a number of conference presentations, poster sessions and other Public Awareness activities within the state. Local communities also use the display for their individual public awareness initiatives.

The continued distribution of the **Staying on Track** brochure, which is distributed widely through local child identification efforts, Neonatal Intensive Care Units, public health offices, public and private clinics, approved adoption agencies and in the Bright Beginnings initiative.

Wide dissemination through statewide projects, local communities and other public awareness activities of the **Continuing on Track** brochure, which is a continuation of the Staying on Track brochure, highlighting early development from ages four through eight.

Distribution continued of two training videos previously developed: **Creating a Vision: The IFSP** (available in English and Spanish) and **Staying in Charge** (available in English, Spanish and closed captioned) and the brochure, **Staying in Charge**, which accompanies the video of the same name (available in English and Spanish).

The continued dissemination of the **Screening Instruments: Review of Instruments for Screening Children Ages Birth to Five Years** and **Assessment Instruments: Review of Instruments for Evaluating Children Ages Birth to Three Years.**

A CICC subcommittee is working to accomplish the strategies and goals articulated in the Public Awareness Campaign Strategy Report from 1995. Participants include CICC members, CDE/ECI staff, families, physicians, local Part H staff and NICU project personnel. The initial goal was to improve the understanding of pediatricians of their role in child identification and public awareness. This has been addressed during 1996-97 through a variety of activities and strategies which included:

Outreach to pediatricians specifically has increased through a relationship developed with various pediatricians within communities as well as with the Colorado Chapter of the American Academy of Pediatrics. An article was accepted and published in the Fall, 1997 issue of The Colorado Pediatrician describing Early Childhood Connections. **(See "What is Early Childhood Connections?" article, appendix 5).**

A speakers panel was formed to promote Early Childhood Connections among pediatricians and other medical personnel. The panel consisted of family members who are also physicians, Early Childhood Connections staff, Public Awareness subcommittee members and other parent participants. The panel(s) made presentations at such forums as the Office Pediatric Update and Pediatric Grand Rounds; during these presentations, materials explaining Part H were disseminated for physicians to display in their offices.

Early Childhood Connections staff participated in the statewide Annual Pediatricians Meeting in the winter of 1997 through a poster session which provided an opportunity to introduce and promote Early Childhood Connections and disseminate Part H and related materials.

Projects such as the Rural County Project (RCP) and the NICU Consortium Project implemented strong public awareness activities. The RCP distributed a quarterly newsletter highlighting activities in the rural counties. The NICU provided specific outreach about Early Childhood Connections to hospitals, NICU nurseries level I, II and III as well as education to physicians, nurses and other key personnel.

Public Awareness efforts continue to promote the values and vision of the Colorado Interagency Coordinating Council through a wide variety of activities and efforts across the state.

Component: Comprehensive Child Find System (303.321)

Child identification throughout Colorado strives to be a coordinated, collaborative, community-based process developed to meet the individual needs of children and families within the community. The goal is for each community to have a proactive, on-going and easily accessible process that is sensitive to the individual needs of the family. Screening and evaluation processes, including public awareness, continue to be a local collaborative effort which locates, evaluates, and identifies infants and toddlers with special needs and assists families in accessing community supports and services. During 1996-97, CDE disseminated information that articulated the requirements and expectations regarding community child find activities in response to community concerns. In response to ongoing implementation issues around child identification, the lead agency created a new staff position using Part B funds.

Component: Evaluation and Assessment (303.322)

The Lead Agency, Colorado Department of Education, ensures the availability of a timely, comprehensive, multi-disciplinary evaluation of: (1) the capacity (strengths and needs) of each infant and toddler who may be eligible for Part H services as determined by the State definition, and (2) the resources and priorities of their families. The Lead Agency ensures that the evaluation and assessment processes are implemented by all affected public agencies that provide early intervention services in Colorado.

The evaluation process determines eligibility of infants and toddlers for Part H. The assessment process identifies the child's unique strengths and needs and the priorities, concerns and resources of the family; this process also includes identifying the supports and services necessary to meet the child's needs and enhance the family's capacity to meet the developmental needs of their child. The evaluation and assessment process respects the unique developmental nature and characteristics of the child, includes active participation of the parents and/or appropriate care givers, uses appropriate assessment procedures and instruments and attempts to be sensitive to cultural and ethnic differences.

The training modules developed and piloted during 1994-95, **Improving the Post Assessment Process: Families and Teams Together / Developing Cultural Competence in Early Childhood Assessment / Seamless System of Transition (Project ACT)** provided training to local communities during 1996-97 to enhance family centered, culturally competent practices in evaluation, assessment and transition.

Component: Individualized Family Services and Supports Plan (IFSPs)

During 1995-96, a funded project through the PEAK Parent Center, with the assistance of a working committee began the development of IFSP guidelines which operationalize the completion of an IFSP process in a manner reflecting the CICC values. This project continued during 1996-97 and was nearing completion by the end of the year. The guidelines for Service Coordination will be blended with the IFSP guidelines which will provide foundation for training in 1998.

During 1996-97, the CISR completed IFSP reviews in six communities. Results revealed a number of concerns within a given community regarding IFSP development. Particular concerns include:

- Weak documentation of the dialogue and process used with families to develop IFSPs in communities, particularly regarding the provision of supports offered in natural environments
- A misunderstanding of developmental outcomes (i.e. services were often listed where outcomes should be which impacted the type of strategies developed)
- A misunderstanding of functional outcomes (i.e. what they are, how to tie services to those outcomes, etc.)
- Weak documentation of service coordination responsibilities particularly in the areas of assisting families identify and locate financial resources and services from other agencies

Communities demonstrating strong IFSP processes and documentation appeared to be communities with strong emphasis on families driving the process and with strong interagency/intercommunity relationships.

IFSP/Service Coordination training to be implemented following the completion of guidelines/minimal standards will incorporate recommendations addressing the above concerns. During 97-98, the CISR process will continue to conduct IFSP file reviews and will incorporate reviews of the policies, procedures and activities utilized by communities to achieve cross/collaborative service coordination.

Component: Comprehensive System of Personnel Development (303.360)

A basic premise of the Colorado Early Childhood Care and Education efforts is that all young children, between birth and age eight, and their families are assumed to have the right to participation in and to acceptance by their community. A second basic premise is that entire communities are responsible for the well-being of their children; therefore the ECCE community includes all individuals in a community, including but not limited to: parents and family members, providers of direct care and education, providers of health and related services, ECCE faculty, policy makers, librarians, social service personnel, parks and recreation staff, and the business community. A third premise is that we will best utilize our resources, human and financial, by working together and learning from each other through a common vision for the children of Colorado. The Comprehensive System of Personnel Development for Early Childhood Care and Education exemplifies these basic beliefs through the following mission statement and operating principles:

MISSION STATEMENT

To improve the quality and availability of Early Childhood Care and Education supports and services through provision of a comprehensive system of information sharing and learning opportunities.

Principles - Learning opportunities will be:

- collaborative between parents and professionals
- comprehensive -- including all members of a community who are involved with young children and their families
- developmentally appropriate for the learner, respectful of individual diversity and learning styles
- driven by family priorities
- based on current assessments of educational needs
- consistent with the values of the Colorado Interagency Coordinating Council
- reflective of proven and promising practices in Early Childhood Care and Education.
- consistent with the Colorado Department of Education Quality Standards for Early Childhood Care and Education Services and the Early Childhood professional standards

The CSPD in Colorado addresses all aspects of personnel development for Earl Childhood Care and Education and is collaboratively funded through Part H, Section 619, the Child Care Block Grant, Title I, and the Colorado Preschool Program. Efforts are coordinated by a consultant at the Colorado Department of Education under the guidance of the Early Childhood Leadership Team.

CSPD incorporates personnel development projects directed by CDE along with numerous preservice personnel training programs and innovative grant-funded projects from the Institutions of Higher Education and community efforts. In this past year, the accomplishments of CSPD have included the following:

- The CICC supported the sixth annual Summer Institute for Part H focusing on Natural Settings. Over 250 people from around the state attended.
- The Lead Agency, in cooperation with the Division for Child Care, has implemented a project for improving the quality of infant-toddler care in the state.
- The Lead Agency, as a member of the Good Start initiative, hosted the first annual Early Childhood Mental Health Conference.
- The Lead Agency hosted two Infant Assessment Colloquies for child identification teams, parents and higher education faculty.
- The Lead Agency provided scholarships for the statewide DEC/CAEYC conference.
- The CICC supported a project to develop guidelines for the IFSP and training around those guidelines.
- The CICC supported the NICU Consortium to continue its training on family centered practices and developmental interventions.
- The CICC supported our statewide Resource and Referral agency in providing technical assistance to child care providers who are serving children with disabilities.
- Local Part H coordinators were supported in meeting regularly for information sharing and technical assistance. Responsive technical assistance was provided to Part H communities on request.
- The CICC supported Partners in Leadership, collaboratively with the Colorado Developmental Disabilities Planning Council, to provide intensive leadership training for parents of infants and toddlers with disabilities alongside self-advocates. It also supported Parents Encouraging Parents, collaboratively with the Colorado Department of Education, for parents desiring a more introductory look at parent-to-parent support and other supports and services.
- The CICC provided funds for parents to participate in learning opportunities through the Colorado Developmental Disabilities Planning Council's consumer involvement fund.
- The Institutions of Higher Education in Colorado received Federal grants supporting personnel preparation in areas such as increasing the numbers of minority students in early intervention, developing leadership in early intervention, providing services through consultation, and providing therapeutic interventions through daily routines.
- Training and technical assistance efforts targeted at the wider ECCE community and including Part H were:
  - Maintenance of 34 ECCE Learning Clusters around the state. Learning Clusters are groups of parents and providers from all aspects of ECCE in a self-identified geographic area who review the Quality Standards to determine their own learning needs and then develop a plan to meet

  those needs using a small grant. Learning Clusters reached over 5,000 people last year.
  - The Culture of Childhood: A Summer Symposium brings the ECCE community together for two days of in-depth learning and reflection on topics of interest to the field. Two symposiums were offered in 1997.
  - A master calendar of learning opportunities was maintained and disseminated by the Colorado Office of Resource and Referral Agencies.
  - Responsive TTA was available for meeting any individual requests.
  - A scholarship fund was established for ECCE providers to utilize to increase their skills and knowledge.
- Statewide conferences that promote competencies in providing ECCE services such as the ABC Conference (from Division for Early Childhood). CAEYC, and the Parapro Conference are supported by CSPD funds.

Component: Personnel Standards (303.361)

Colorado changed from teacher certification to teacher licensure in 1995. The Professional Standards Board is currently reviewing the BA level licensure and, for the first time, defining early childhood as birth through eight and including competencies addressing the individual learning needs of ALL children. A related project concerning competencies needed at the Associate level has also infused competencies on inclusion and family-centered practices into the community college curriculum for early childhood. The master's level licensure is currently being reviewed.

Component: Procedural Safeguards (subpart E)

The Lead Agency for Part H ensures:

- Effective implementation of safeguards by each public agency that is involved in the provision of early intervention supports and services under Part H; and

- Effective implementation through interagency agreements, training, and interagency monitoring.

During 1996-97, the PEAK Parent Center and Colorado's Parents Encouraging Parents provided statewide training on the IFSP process and procedural safeguards.

The Lead Agency had historically conducted training for mediators and hearing officers on the legislative intent, the statutory and regulatory elements of Part H of IDEA. This training has resulted in the creation of a pool of informed and skilled mediators available to assist in the resolution of disputes among families and professionals about individual children. The Lead Agency has established a process for assigning a mediator, when requested, to facilitate the resolution of disputes and has designated funds to reimburse these trained mediators for assigned services. Under established procedures, mediation is a voluntary process and, in all cases, parents were informed of their right to seek administrative remedy for disputes.

Data gathered during 1996-97 and communication from communities has indicated the need for program development in the area of surrogate parent training as infants and toddlers who may need a surrogate do not often have one assigned. Plans were established during 1996-97 to conduct increased surrogate parent training and to increase the pool of eligible surrogates by 1997-98.

Component: Supervision and Monitoring of Programs (303.501)

The Lead Agency for Part H of IDEA in Colorado is responsible for the monitoring of all early intervention supports and services used by the State to comply with Part H which are articulated in the MOU. Monitoring activities include: review of all applications for Part H funds for communities and projects to assure compliance with Part H regulations and CICC values; conducting onsite community visits through the CISR to assure implementation of community systems and compliance with Part H regulations; providing technical assistance if necessary to agencies, programs and entities; enforcing any obligations imposed on those agencies, programs and entities under Part H of IDEA; and correcting deficiencies that are identified through monitoring.

The CISR, in implementation since 1992, has been conducted in all 17 funded Part H communities at least once. Beginning in 1995, communities will complete the CISR every three years. During 1995-96, a planning process combining CISR findings, other community self assessment information and technical assistance was incorporate into the CISR process. This process will enhance long range planning and is included in activities addressed through the community applications as of 1996-97. The CISR continues to utilize a peer consultation model that addresses an entire community's responses to meeting the needs of infants and toddlers eligible for Part H and their families, rather than pursuing a single agency. The CISR process does the following:

- Provides a monitoring/evaluation tool for the CICC and Lead Agency regarding the status and quality of a community's interagency efforts toward implementing Part H;
- Stimulates the opportunity for positive change in communities which have experienced a CISR;
- Stimulates an increase in local interagency activity, even prior to the actual CISR;
- Provides a forum for families, through the parent focus groups, to communicate their experiences and expectations of their community's infant services system;

- Models parent/professional partnerships to the host community and to members of the evaluation team through CISR team composition of parents and professionals from outside the targeted community;

- Promotes sharing of ideas and strategies among communities through networking with CISR team members from sites other than the host community;

- Exposes many professionals to the values of the CICC by involving them for the first time in Part H activities; and

- Increases parental involvement and empowerment through leadership opportunities as community coordinators.

Component: Responsibilities of Lead Agency (subpart F)

Administrative responsibilities of the Lead Agency included developing procedures for: (1) resolving complaints, (2) providing payment for services for infants and toddlers eligible for Part H and their families, (3) resolving individual disputes, (4) developing interagency agreements, and (5) contracting or arranging for services. These procedures are evaluated and revised as they are implemented in Colorado.

Funding, which may be used for the provision of direct supports and services, is being provided on a formula basis to counties (or clusters of counties) across the state and to the Colorado Foundation for Families and Children, the contractor for the Rural County Project, for the more sparsely populated counties of the state. This funding is provided with the understanding that Part H dollars are to be used as the payor of last resort for direct services once all other sources of revenue have been exhausted. During 1996, Guidelines for the Use of Part H Dollars were distributed. These guidelines are appended to the 1998-99 Colorado Part C State Plan amendments. Communities are required to develop local guidelines which are congruent with these policies and procedures, the CICC values and the IDEA, Part C and submit them for lead agency approval as part of the community grant application process.

The Lead Agency plays a significant role in the development and maintenance of interagency agreements both at the formal level (i.e., the written Memorandum of Understanding between agencies) and through on-going collaborative activities. The Lead Agency contracts for a wide range of tasks, including the current monitoring process, technical assistance to facilitate community capacity building, coordination of services in rural areas, and data collection.

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Component: Data Collection

Colorado has improved upon its data collection methodology by developing a process that relies on data input at the local level from all of the agencies that are providing services to Part H eligible infants and toddlers.

The data generated from local reporting was analyzed by the agency contracted to do the data collection and comprehensive reports of the data were generated on both a statewide basis and for each individual community. Findings from these data reports are being used for local planning for 1998-99 and for state planning for the same period and beyond.

AGENCIES INVOLVED IN THE PROVISION OF SERVICES AND OTHER SUPPORTS IN EARLY INTERVENTION

The Part H system in Colorado is a combination of joint efforts of federal, state, local, private and public agencies and organizations and other individual sources. The State Department of Human Services, Office of Rehabilitation, Division for Developmental Disabilities, has specifically targeted services to infants and toddlers with developmental disabilities and their families. Services provided under this program are distributed in relative proportion across the state. The State Department of Public Health and Environment administers the federal Maternal and Child Health Block Grant, a portion of which is designated for children with disabilities. The CICC supports a variety of on-going efforts to facilitate utilization of the state Medicaid and EPSDT programs. Local Part H community organizations are active and growing participants in changing local systems with Part H funds to expand supports and services for infants and toddlers eligible for Part H and their families. The MOU articulates the State and Local Interagency Support for the continued implementation of an appropriate statewide, comprehensive, coordinated system of early intervention supports and services for all infants and toddlers eligible for Part H and their families.

TYPES OF SERVICES CURRENTLY AVAILABLE AND LIMITATIONS ON AVAILABILITY

An array of formal and informal service and support options are in place and are also being developed. All services defined in 303.12 of IDEA are available throughout Colorado, as follows: assistive technology, including technology devices and services; audiological identification, training and rehabilitation; family counseling, home visits, training; health services (as defined only in 303.13), medical services only for diagnostic or evaluation purposes, nursing services; nutrition services; occupational therapy; physical therapy; psychological services; service coordination beyond the initial service coordination; social work services; special instruction; speech-language pathology; transportation and related costs; and vision services. Limitations of the intensity and accessibility of these services are a function of geography, density of distribution of formal resources (e.g., shortages of some professional therapists throughout the state, but most acutely in remote non-urban areas), and the variability in development of local communities in their Part H implementation.

The community capacity strategy being implemented by communities throughout Colorado emphasizes building natural supports and inclusive communities, rather than relying on formal traditional disability service systems to meet the needs of families and children. More families report being able to access both natural supports and traditional services particularly when the delivery of these services meet their needs and priorities in the context of their daily lives.

SOURCES OF FISCAL AND OTHER SUPPORT FOR EARLY INTERVENTION SERVICES

As noted above, the Part H system in Colorado is funded through a complex combination of federal, state, local, third party and individual sources. All agencies discussed in that section are part of the public and private financing in Colorado and includes programs funded or administered by the three participating state Departments (Education, Public Health and Environment, and Human Services) as well as federal grants that support programs at universities, hospitals, and parent centers; local and private contributions; and third party insurance coverage.

INTERAGENCY AGREEMENTS

The MOU among the Departments of Education, Public Health and Environment, Human Services and Health Care Policy and Financing for the implementation of IDEA, Part H, in Colorado articulates the interagency collaboration among signatory agencies in providing: a community directed collaborative interagency child identification process; service coordination; IFSP development and implementation which is family driven; opportunities for families to be included in all levels of policy development; coordinated interagency technical assistance and training to families and service providers; and support to share and exchange information as necessary for federal reporting requirements. This MOU was an appendix to the 95-97 State Application.

PROBLEMS OR ISSUES RELATED TO INTERAGENCY COORDINATION

The revised MOU is a strong document that provides common definitions of services and supports assured under Part H. It is apparent that additional work is needed to clarify the intent of the collaborative agreements articulated in the MOU committee. The lack clarity and state systems support has resulted in challenges in the accomplishment of the mutual objective articulated in the agreement. During 1996-97, the MOU committee met monthly to address each component and implement activities to more successfully endorse the desired collaborative system required by Part H.

Local communities continue to be challenged by the local interagency collaboration so necessary to achieve Part H, particularly in the absence of strong support from other state systems. In early 1997, the state's General Assembly passed a bill which establishes a pilot program of Comprehensive Early Care and Education in twelve Colorado communities. The main focus of the pilots is intense technical assistance from state agency personnel representing different agencies and the potential granting of waivers from any state statute or rule that a community identifies as creating a barrier to comprehensive quality services. The program, being implemented in 1997-98, provides the opportunity to directly address issues that might impede local collaborative efforts.

Changes in federal Medicaid funding and the growth of Medicaid Managed Care across the state has been a challenge to communities as they assist families in working within a new approach to financing services for their infant or toddler.

The Part H interface with Social Services continues to be addressed. During 1996-97, representatives from Social Services participated in the monthly MOU meetings and discussions continued regarding ways to further collaboration at state and local levels.

OTHER ACCOMPLISHMENTS

A number of accomplishments regarding Colorado's early intervention, care and education efforts were completed during 1996-97. While not all were underwritten with Part H funds, they represent achievements for the CICC and Lead Agency in effecting positive systems changes on behalf of families and children.

- The **CDE/ECI team** consists of professionals who bring various levels of expertise and experience in early intervention, care and education for all children birth through age eight and their families. This team provides a forum for the development and implementation of various collaborative activities and initiatives. **The Early Childhood Leadership Team** has representatives from ECI, other programs in CDE, the Office of Child Care and the Governor's Office. The team provides leadership and support to collaborative early childhood initiatives such as collaborative technical assistance and monitoring. The Early Childhood Leadership Team members participated in on-site community reviews, supervising the state's legislative initiative to establish comprehensive local early care and education collaboratives.

- **The Early Childhood Care and Education Advisory Council**, an advisory council to the Leadership Team, continues to have a strong role in advising policy development, exchanging information, providing networking opportunities and a forum to collaborate through various projects and grants, and advocating for children and families. Members represented include state and local policy developers and service providers, local educational agencies, Office of Child Care, Head Start, Office of the Governor, advocacy organizations, local Part H providers and family members. The major role of the council has been to build and strengthen strong collaborative infrastructures in local communities and statewide. During 1996-97, a member of the CICC served as a liaison to this Advisory Council and assisted in the development of recommendations regarding transition and a seamless system of service delivery.

- **The Colorado Children's Cabinet** was established by Governor Roy Romer in March of 1995. The Children's Cabinet consists of management level representatives from the state's health, human service and education departments that deliver services, or influence policy, related to children from the prenatal period through age eight. The purpose of the Cabinet is to advise the Governor and the state agency Executive Directors on policy and practices that impact young children and families and to facilitate coordination of resources at both the state and local levels. The Cabinet meets monthly and provides an additional forum for the discussion of state policy issues that may relate to Part H. The Children's Cabinet has developed a document that reflects the entire state budget for children's programs. It is attached in the **appendix 6** .

- Work continues on the development of an Early Childhood Combined license through the Professional Teacher Standards Board utilizing information that was completed by the Governor's Professional Standards Committee.

- Part H co-funded (with the Child Care and Development Block Grant) efforts to expand the capacity of child care centers and providers to recognize and meet the needs of infants and toddlers who might be eligible for Part H. This project, primarily funded by the Child Care Block grant, recognized from available research, the significance of the knowledge, skills and attitudes of the Director of the program in promoting and supporting program quality that meets the needs of all children, including those who may be Part H eligible.

- CICC members and CDE/ECI staff made presentations around the state and across the country as representatives of Colorado's families and early intervention community.

STATUS OF ACHIEVEMENT OF OBJECTIVES

The values base and conceptual framework which guides and directs the Colorado Part H early intervention system of supports and services poses challenges to evaluation. During 1996-97, more complete data was available from the Statewide Evaluation, Data and CISR projects regarding the impact of the community capacity building strategy in achieving the CICC values and the assurances of Part H of IDEA for families and children in Colorado. The Lead Agency and the CICC have received comprehensive and meaningful information which will be utilized to guide future policy development and funding decisions.

DESCRIPTION OF USE OF PART H YEAR X/FY 96-97 FUNDS

There were no significant departures from the Budget submitted with the Year IX application. Expenditures were as follows:

System Change Functions Community Capacity Building Grants Rural Response Contract	$2,581,411
Support Functions Child Identification Public Awareness Family Leadership and Support CSPD Evaluation and Monitoring Data and Finance	981,400
Program Administration Salaries CICC Expenses Staff Travel Committee Expenses Operations	409,942
TOTAL GRANT AMOUNT	$3,972,753

APPENDIX 1

SAMPLE COMMUNITY REPORTS

Highlights from:

Adams County Early Childhood Connections, submitted by Sandy Prins and Lupe Echavarri:

Early Childhood Connections of Adams County doubled the number of children served in the December 1, 1997 data count over the December 1,1996. Most of those families have received increased benefits from Part H, particularly service coordination and family-to-family connections. This is largely because Early Childhood Connections has developed collaborative relationships with North Metro Community Services (local CCB), neonatal intensive care units, health care providers, recreation centers, and all six Adams County school districts. Through this collaboration, we have also increased Adams County professionals knowledge and expertise regarding Part C philosophy and practices through monthly meetings and several specific trainings.

Our monthly family brunches have grown to a consistent attendance of about 20 families, and we began a Spanish-speaking families support group in March of 1997. The group has grown to 15 regular participants who meet monthly, and who share telephone numbers so they can help each other with such things as child care, transportation, and SSI forms.

Denver County Early Childhood Connections, submitted by Judi Persoff:

Denver Early Childhood Connections has made supporting families the main priority for this year. We counted 504 children aged birth to three who were receiving services on December 1, 1997. To accomplish this priority, we are training and supporting veteran parents to provide parent to parent support. We are also planning a Spanish speaking festival for parents of children with special needs for the fall to provide information about the Part H process, supports and services. Parent forums are now conducted on a monthly basis to give parents an opportunity for networking and information sharing. These are conducted in English and Spanish and we have contracted with a Vietnamese interpreter for the families who need translation. The forums are a chance to support families and to gather information on needs of families that are not being met. We are working to assure that families have inclusive choices in their home communities that reflect their needs and values.

Our Interagency group now has over 30 members representing parents, agencies, communities groups, Early Head Start and the Homeless Coalition. We are developing mission, goals and the "Denver Process." Service coordination is being revamped as we go to a more choice-oriented Flexible funding plan. The dollars will follow the child, rather than having dollars go to centers who then try to serve children. Our Board of Directors reflects the cultural and linguistic diversity of Denver and we are developing new leaders in our parent group.

Douglas County Early Childhood Connections, submitted by Edie Smith:

The emphasis in Douglas the past year has been one of collaboration, both within our community and with the communities surrounding us. These collaborations have been very successful for families involved with Douglas Early Childhood Connections. Douglas Early Childhood Connections has received $34,000 from our county commissioners to enhance service coordination and early intervention services for families. Prior to 1998, Douglas County was the only metro area county which did not allocate dollars to services for persons with developmental disabilities.

Douglas has collaborated with the five metro counties to hire a health insurance mediator, who successfully helped two Douglas families appeal their health insurance limitations based on the Newborn Insurance Statute. These successful appeals will have positive results for families throughout the state.

San Luis Valley Early Childhood Connections, submitted by Mary Russell:

SLV KIDS/Early Childhood Connections wanted to celebrate their 10 year anniversary in a big way to let the community know more about the group and issues related to early childhood for all kids as well as disability issues. It was decided that a local conference would be held. The event was spearheaded by SLV KIDS but was a collaborative venture with local groups such as Trinidad Junior College and Adams State College. The conference was entitled: "Best Practices in Early Childhood and Beyond, Children All Have Special Needs" and it's focus was on the "Best of the Best" that is happening for all kids. There were two keynote presentations and 20 breakout sessions, including sessions in Spanish.

Over 160 people attended which included parents, students, child care workers, Head Start teachers, public health nurses, special and regular education teachers, folks from the Community Center Board and more. The evaluations proved the event was successful. Participants commented on the variety of topics and richness of topic areas. They made note that some sessions gave them a new appreciation of those living with disability.

After the conference, a planning retreat was held by the group to develop a strategic plan for the next three years. At the retreat, it was apparent that the group feels as committed today to be a voice for issues about Part H, disability and early childhood as it was in 1988. Planning included the promise to continue bringing awareness about disability issues to the San Luis Valley and a conference like this one at least every three years.

APPENDIX 2

COMMUNITY CONSULTING

Rationale: To maintain consistency across the state including: interpretation, education and application of the law, a consistent vision, on-going clear communication and a congruent message; to assist communities to meet their goals within state community capacity-building model and Federal assurances.

Responsibilities:

1. Attend essential meetings in the communities.
2. Help communities with short and long-term planning to prepare for their application.
3. Review, negotiate and finalize annual applications.
4. Approve budget changes as requested.
5. Request local meetings and communicate with key individuals in the community as needed.
6. Connect communities with other local/state initiatives, projects, systems and activities including CDE.
7. Provide leadership around: best and emerging practices, organizational and personnel development; starting, maintaining and growing appropriate infrastructure; community capacity-building, organizing, and development consistent with the spirit and intent of the Federal legislation; supporting local leadership development to engage parents in the decision-making process, foster strong and effective parent voices and decision-making; foster interagency collaboration and implementation, specifically signers of the MOU agreement; support intercommunity collaboration and implementation.
8. Provide liaison role with communities and CDE as needed, including providing technical assistance, training, facilitation, relevant information and educational materials to communities, as well as being the conduit for communication from the communities to the state.
9. Appropriately advocate with local agencies and systems for and with local Early Childhood Connections group.
10. Support the Community Infant Service Review process within communities.

APPENDIX 3

Executive Summary

Colorado's Early Childhood Connections Program

The Colorado Foundation for Families and Children
April 15, 1998

EXECUTIVE SUMMARY

Colorado Early Childhood Connections

From the Fall of 1995 through the Summer of 1997, a statewide evaluation of Part C of the Individuals with Disabilities Education Act (IDEA) in Colorado was conducted. The evaluation of Part C, known as Early Childhood Connections, was undertaken by the Colorado Foundation for Families and Children, under the direction of a steering committee from the Colorado Department of Education (CDE) and an advisory committee comprised of representatives from the Colorado Interagency Coordinating Council. The project was designed to be a multi-year evaluation, with the work during the period of 1995-1997 creating a baseline of data from which change over time could be examined. The primary evaluation questions were:

- To what extent is a community capacity building approach used in implementing Early Childhood Connections (ECC) in Colorado?
- To what extent is the community capacity building approach effective in addressing the concerns and priorities of families?

These questions were operationalized into four outcomes.

- Families of infants and toddlers have opportunities to enhance their child's development, and the ability to support this development is enriched.
- Local ECC initiatives create inclusive communities for eligible families and children.
- Every family of a child between birth and three years of age has access to and understands all of the components of Part C of IDEA. These components include identification, evaluation, assessment, service coordination, Individualized Family Service Plan (IFSP) development and implementation, procedural safeguards, qualified personnel, support and services consistent with Colorado Interagency Coordinating Council (CICC) values, and transition planning.
- State systems work collaboratively to ensure maximum utilization of funds to minimize duplication, and to support communities with local collaborative activities.

This report is based on contributing data from the following evaluation strategies:

- Community Self-Assessment (April, 1996)
- Community Implementation Survey (October, 1996)
- Federal Child Data Count (December, 1996)
- State Services Review (April, 1997)
- Qualitative Study of Families (August, 1997)
- Family Survey (August, 1997)

Findings

Families of infants and toddlers have opportunities to enhance their child's development, and the ability to support this development is enriched.

- A broad array of services is available to families across the state. However, there is a great degree of variability among communities. In more sparsely populated rural communities, families may not have access to needed services and supports without traveling long distances. Although urban areas often offer a greater variety of services, access to these services is often less flexible than in smaller communities.
- Many families report participating in "regular" early childhood options offered to families and children without disabilities. Responses indicated this is not the case for every community, as responses varied widely across communities.
- Community resources other than public funds are not typically used to support family and child needs and priorities. Families and children accessing ECC services draw the majority of their support from public sources such as Community Centered Boards (CCBs), Temporary Assistance to Needy Families (TANF), Women, Infants and Children (WIC), Medicaid, and Supplemental Security Income (SSI).
- Access to Parent-to-Parent support varies widely across communities, and families are not always aware of the existence of these services. Families reported the need for a continuum of service delivery models in parent support, including group meetings at a center, individualized home visits, and matching families with other families of children with similar disabilities.

Local Early Childhood Connections initiatives create inclusive communities for eligible families and children.

- **Racially and ethnically diverse populations of families and children representing the general population in Colorado are served by ECC.**

- **Families and providers participate in local early childhood interagency groups and councils.** However, Primary Care Providers, Social Services, Hospitals, and Private Providers are perceived as typically much less involved with local interagency efforts.

- **"Natural" supports addressing child and family needs are sometimes defined differently by family members and professionals.** Family report indicates there is a variety of interpretations of what is perceived as "natural" by an individual. Families desire options for service and support, including hospitals, clinics, homes, childcare centers, and other community settings.

- **Supports provided in a community setting were not used as frequently, nor viewed as helpful as those provided in a center or clinic.** Families showed a great deal of variation in their desire for and participation in community-based options for support. This appears to depend, in part, on the age and medical condition of their child. Families with younger or more medically fragile children had far less inclination for use of community settings for services and supports compared with families of older children without complicating health issues.

- **Providers identified the need for additional training to obtain skills and resources to better facilitate the inclusion of children with disabilities in community settings and activities.**

Every family of a child between birth and three years of age has access to and understands all components of Part C of IDEA.

- 91 families served by ECC required an interpreter when English was not the primary language spoken in the home. Of these, nearly 85% did not receive this service. Additionally, providers reported that children in non-English speaking families are some of the most difficult to identify as eligible for ECC services.

- Parents report information about ECC is not always easily accessed, especially through hospitals and primary care physicians. Once families have been introduced to ECC, information about other agencies and resources is generally easily obtained.

- 60% of families surveyed indicated they have a primary service coordinator. The remaining 40% either did not have a primary coordinator, or did not know if they did. Providing information about the system, available resources, services, and supports was the primary form of assistance provided by service coordinators, who were typically connected with the Community Centered Board (CCB) or ECC.

- Providers estimate that about 85% of all families involved in local ECC have an IFSP.

- The completion of evaluation and IFSP development within 45 days of referral is often a challenge. Qualified personnel are typically responsible for conducting evaluations and providing supports and services to children and families, and results of the evaluation, and supports and services are generally described on IFSPs.

- Overall, IFSPs are strength-based and sensitive to the unique concerns and needs of families. However, families and professionals alike indicated that IFSPs are sometimes unwieldy, and are therefore not always useful to the extent they are intended. An area identified as a particular weakness is that of planning for the transition to preschool services beginning at age three.

State systems work collaboratively to ensure maximum utilization of funds, minimize duplication, and support communities with local collaborative activities.

- **The Memorandum of Understanding (MOU) group meets regularly to review policies of common concern to Part C.** This group is linked to the Colorado Interagency Coordinating Council (CICC) through common members and the lead agency staff. The goals and tasks of this group are evolving and becoming more clearly defined with time.

- **Families participate in state and local interagency groups and contribute to policy development.** Important exceptions to family representation were noted by local ECC Coordinators, who reported Spanish-speaking and ethnically diverse families, parents with disabilities, and fathers as under-represented in both state and local level groups.

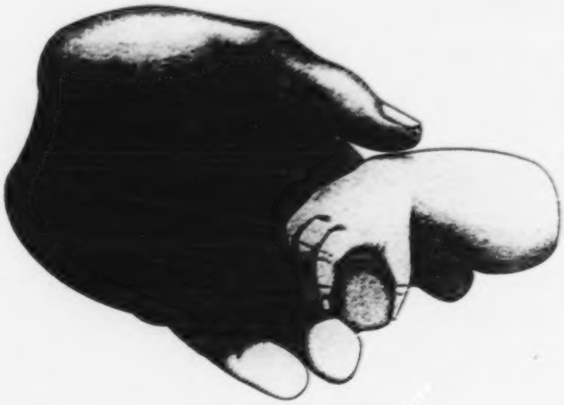
- **Training and technical assistance activities are coordinated by CDE at the state level through activities such as the Summer Institute.** Some local ECC initiatives coordinate training through Learning Clusters and other local efforts. There is no evidence of coordinated interagency training at the state level.

- **Several central directories list information from multiple agencies serving families with young children.** These include *The Colorado Registry for Children with Special Needs*, *Start Here* (from the Developmental Disabilities Planning Council), and *Colorado's System of Care for Young Children* (from First Impressions). These directories are not always current, consistent, or easily available.

- **The CICC is an opportunity for local Part C initiatives to provide input into state policy formation.** However, nearly half of the local ECC programs reported they did not receive timely information from the CICC as to meeting dates, times, minutes, or current policy issues.

Early Childhood Connections Family Survey:

The Statewide Report



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December 20, 1997

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Introduction

The following is the final report of the Family Survey conducted in Spring 1997 as part of the statewide evaluation of Part C of the Individuals with Disabilities Education Act (IDEA), referred to in Colorado as Early Childhood Connections (ECC). This report includes the combined responses of each of the 29 communities participating in ECC projects. As one part of a three-pronged approach to the statewide evaluation of Early Childhood Connections, the Family Survey contributes key information helpful in addressing the primary evaluation questions:

1. To what extent is a community capacity building approach used in implementing ECC in Colorado in place?
2. To what extent is the community capacity building approach used in implementing ECC in Colorado effective in addressing the concerns and priorities of families?

Additionally, the evaluation examined four Outcomes and their associated Indicators described by the Colorado Department of Education/Early Childhood Initiatives.

Evaluation Outcomes and Indicators

As a part of the statewide evaluation project, the above evaluation questions were operationalized into four outcomes. Under each outcome, a set of indicators was defined against which ECC activities in Colorado would be evaluated. These questions, outcomes, and indicators provide the framework for all evaluation activities, including the Family Survey. A check (✔) identifies indicators addressed by the Family Survey.

Outcome 1: Infants and toddlers have opportunities to enhance development, and their parents' ability to support this development is enriched.

Indicators

✔ Families have access to an array of options that promote infant and toddler development.

✔ Families develop an understanding of their child's needs and strengths.

✔ Families access an array of regular Early Childhood Care and Education (ECCE) options and community resources to enhance development.

✔ Families report culturally responsive practices when accessing resources.

✔ Families report understanding procedural safeguards and being in control of decisions regarding their children.

Community resources other than public funds are used to support families' needs and priorities.

✔ Families are resources to other families for information and support.

✔ Families report positive and consistent information, activities, and support from ECC to enhance the development of their child.

Outcome 2: Local ECC initiatives create inclusive communities for eligible families and children.

Indicators

✔ Participants in ECC are representative of diverse facets of the community.

ECC families and providers participate in local ECCE councils and advisory groups.

ECCE programs maintain links to local initiatives.

✔ Community organizations/associations are inclusive and flexible for ECC families and children.

Those providing resources and support to families and children are provided any necessary information, skills and resources needed to facilitate inclusion.

✔ Families and children participate in the life of their community.

✔ Local community services are inclusive and accessible to all families and children.

Employers of ECC families are responsive to special needs and requests of their employees with special needs children.

All school-age children have the opportunity to receive supports and services in neighborhood schools that are inclusive and that use their unique contributions in learning.

Outcome 3: Every child between birth and three years of age and their family has access to and understands all of the components of Part C of the Individual with Disabilities Education Act (IDEA); Identification, evaluation, assessment, service coordination, Individualized Family Service Plan (IFSP) development and implementation, procedural safeguards, qualified personnel, support and services consistent with Colorado Interagency Coordinating Council (CICC) values, and transition planning.

Indicators

✔ ECC information is widely available and easily accessed.

A local lead agency or individual is recognized as a resource and guarantor for all ECC assurances for families and providers.

✔ Each family has one person who is assigned as service coordinator who assures that procedural safeguards are understood and followed.

Evaluations, assessments, and IFSPs are completed within 45 days of initial contact.

Evaluations, assessments, and services are conducted by qualified personnel and directed by the family.

Evaluations and assessments in natural environments are available and accessible.

✔ Supports and services in natural environments are available and accessible.

IFSPs are developed in a transdisciplinary manner.

IFSPs are developed for every child who is eligible whose parent chooses to be involved.

IFSPs are reviewed at least every six months.

IFSPs include families' unique concerns and priorities, assessment information, outcomes, transition planning, and any formal and/or natural supports and services families desire.

Funding sources for supports and services to families and children are clearly documented in the IFSP.

Outcome 4: State systems work collaboratively to ensure maximum utilization of funds to minimize duplication, and to support communities with local collaborative activities.

Indicators

State policies are adopted and implemented for cooperation are reflected at the local level.

CICC values are apparent in all working agreements.

Families participate in policy development at state and local levels.

Interagency training and technical assistance is coordinated at state and local levels.

State and local agencies share access of information into a central directory.

Local agencies use state interagency agreements as models for establishing interagency agreements on the local level.

✔ A broad array of resources is used locally.

✔ Local providers reflect CICC values with families.

Local providers receive quality information and support from state agencies.

Local ECC initiatives provide input to state policy formation.

State agencies use cost effective strategies across systems.

State and local agencies share relevant ECC data for state and federal reporting.

The Purpose of the Family Survey

The purpose of the Family Survey was to obtain information from family members of participants in Early Childhood Connections from across the state in order to examine a selection of the above outcomes and indicators.

Family Survey Development

The Family Survey was developed over a period of ten months and included input from the following participants:

1. Project staff at the Colorado Foundation for Families and Children (CFFC) responsible for the development and day-to-day management of the project.
2. A steering committee comprised of CDE Early Childhood Initiatives staff (Elizabeth Soper-Hepp, Sandy Petersen, and Pat Tesauro-Jackson), Corry Robinson of the University of Colorado Health Sciences Center-University Affiliated Program (responsible for federal data gathering), and Tom Patton of the Community Infant Services Review (CISR).
3. An advisory committee including representatives of the Colorado Interagency Coordinating Council and other community representatives including family members.
4. Each of the CDE community consultants.
5. A selection of ECC community coordinators.
6. Pilot family groups who reviewed the survey and made recommendations.

The activities of these various participants included assistance in selecting the evaluation indicators that would be most effectively addressed by the Family Survey strategy, developing and refining questions for each of the selected indicators, and formatting the surveys.

In addition to receiving ongoing input from these sources, a comprehensive review of existing instruments was conducted which included an examination of Part C evaluation strategies used in other states currently undertaking similar evaluations. The final version of the Family Survey is an 18-page survey divided into five sections (see appendix 1).

- Section 1 elicits families' perceptions about receiving supports and services.
- Section 2 focuses on families' experiences related to service coordination.
- Section 3 examines Parent-to-Parent Support opportunities.

- Section 4 provides families with an opportunity to provide overall feedback on their experience with a focus on how "family-directed" their experiences have been.
- Section 4 collected demographic information from families that is useful in describing the survey population.
- 8 open-ended questions were included on the survey, requesting clarification and stories from families concerning services, choices, participation, involvement with policy, and general suggestions for improvement. A selection of these narrative statements have been included throughout this report for further clarification of the empirical results, as well as the richness they bring.

Methods

In May, 1997, the Family Survey was disseminated in all communities participating in ECC in Colorado. A total of 29 communities participated, including communities from the Rural County Project. Each ECC coordinator or community contact was contacted to discuss the statewide evaluation and specifically to arrange for the dissemination of the Family Survey. Each coordinator or contact was provided with an overview of the statewide evaluation plan and a description of the Family Survey.

The following outlines the process used for disseminating the Family Survey:

1. Child count reports from the 1996 Colorado federal data collection were compiled for each community.
2. Each community coordinator or contact received a copy of the unique identifiers of each child reported for 1996. (This was intended to include all children and families receiving supports and services during 1996).
3. Along with the unique identifiers, communities were provided with information about the agency or individuals in their community that submitted each child and family's information for the JFK count so that those agencies or individuals could assist in disseminating the surveys to families.
4. Communities were given an option to attach a personalized letter from their local ECC staff further explaining the evaluation and the survey.

5. Each coordinator or contact received an outline of the dissemination process along with a set of survey materials, including the personalized letter if coordinators chose to provide this.

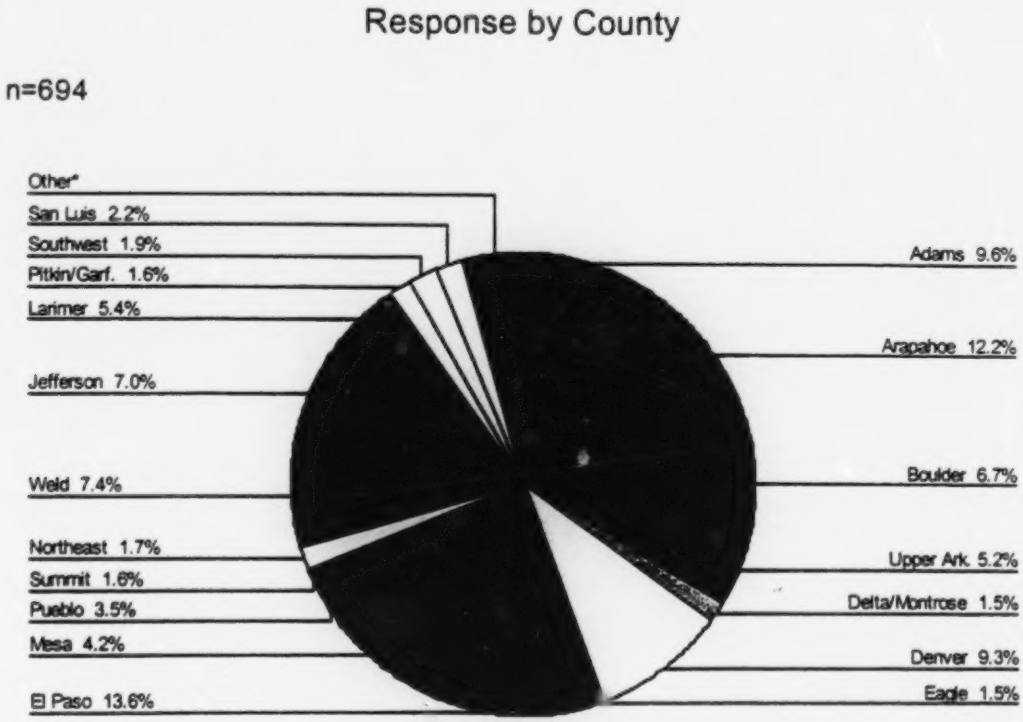
6. The survey materials were enclosed in sealed envelopes, and included instructions to families, a consent and reimbursement form, a postage-paid return envelope, and a copy of the survey. Families were informed in their survey packet that they would receive $10 for returning a completed survey. Once a survey was returned to the Colorado Foundation for Families and Children, the identifying information was removed from the survey to process a check for the family. Confidentiality and anonymity were assured for all respondents. Each envelope included this set of information in both English and Spanish.

7. Each coordinator was instructed to use their data report information to identify the families who should receive the surveys.

8. Coordinators used local mechanisms to disseminate the survey through the mail and kept a log of how many surveys were disseminated.

9. A follow-up postcard was sent approximately two weeks after the mailing of the survey to remind families to complete the survey if they had not already done so.

While families were encouraged to return the survey within 10 days of receipt, a final deadline of July 1, 1997 was used operationally for including surveys in the analysis process. A total of 2048 surveys of the original 2212 were successfully mailed to families (164 were returned as "undeliverable" by the post office). As of July 1st, a total of 694 had been returned, representing an overall response rate of 34%. Although this represents a significant proportion of surveys returned, at rate of at least 50% is generally considered adequate to make generalizations to the population as a whole. (Earl Babbie. *Survey Research Methods* (Belmont, CA: Wadsworth Publishing Co., 1990).)



*Douglas, Elbert, Grand, Jackson, Moffat, Rio Blanco, Routt, Lake, Lincoln/Kit Carson/Cheyenne, Otero/Crowley/Bent, Prowers/Kiowa, Teller

Contribution of each ECC community to total sample.

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Respondent Characteristics

Before examining the findings of the survey, it is important to describe the respondents. The following demographics give a brief description of the families responding to the Family Survey.[1]

- ✓ Over 90% of the respondents were female, and all respondents were an average age of 33 years.
- ✓ Nearly 75% of the respondents indicated they are in a home headed by two parents.
- ✓ Slightly more than half of respondents indicated they are currently not employed
- ✓ Respondents with a spouse or partner nearly always indicated their partner is employed full or part time.
- ✓ The majority of respondents have some amount of college education as the highest level of education achieved.
- ✓ Annual family income ranged from under $10,000 to over $75,000, with an average income ranging between $25,000 and $34,999.
- ✓ Respondents were most often referred to early intervention services by their Doctor or Nurse, Other hospital or clinic staff, or Family member, friend, or self.

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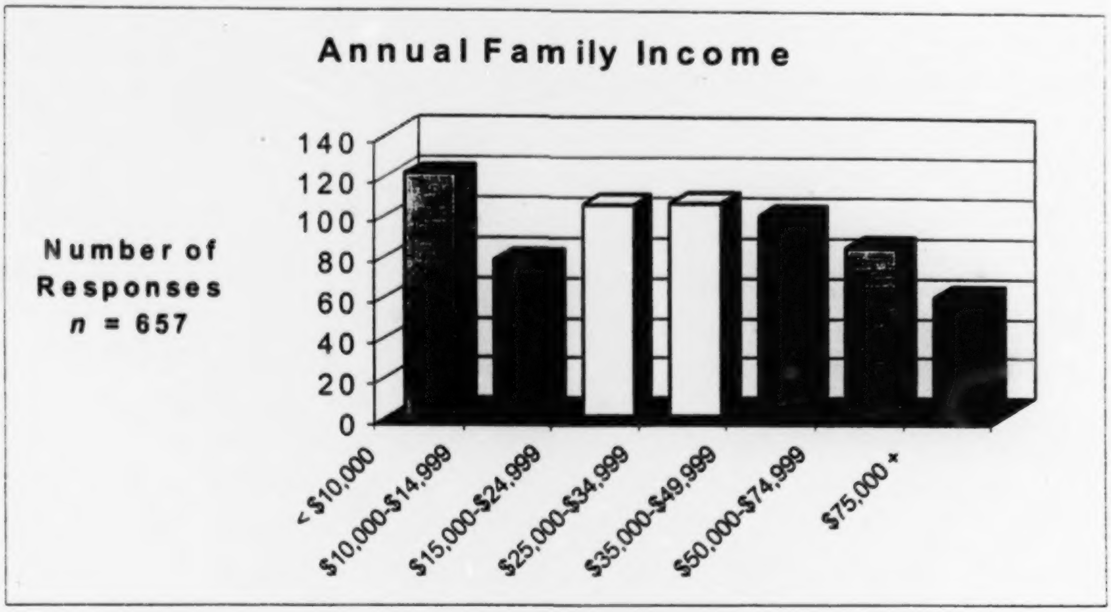
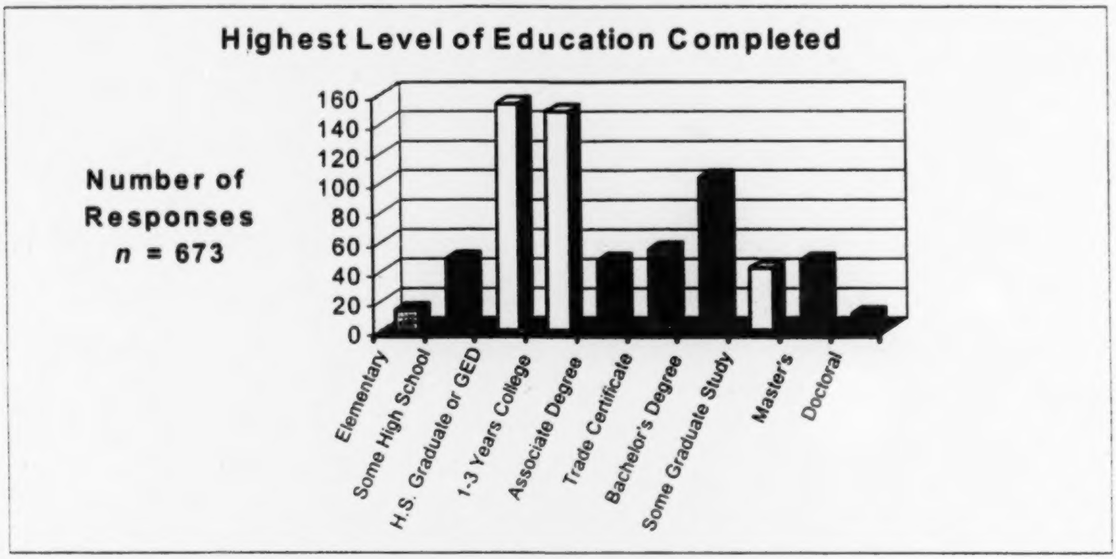
[1] It should be noted that respondents to mail surveys are typically higher-income and more highly educated than the general population.



Annual Family Income



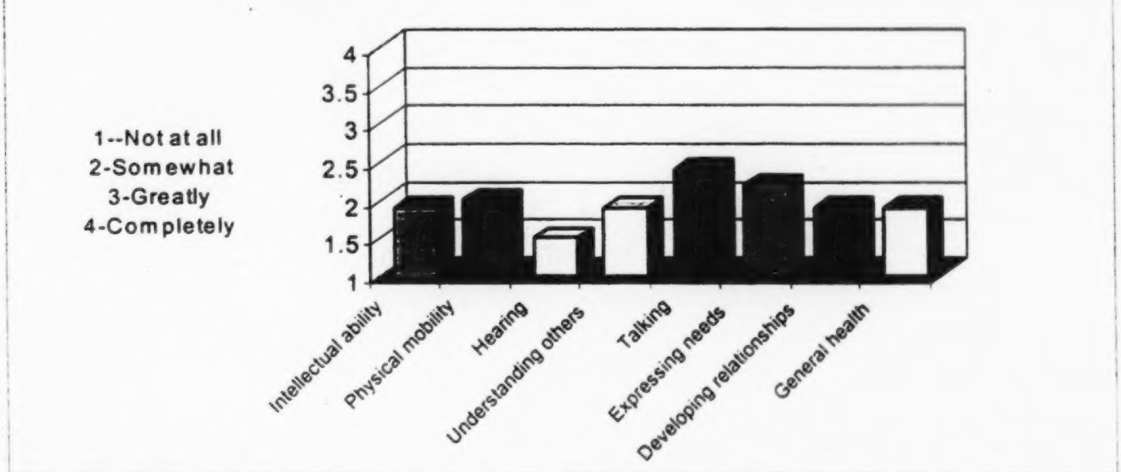
Highest Level of Education Completed

Child Characteristics

In addition to demographic information about the family members, we asked about child characteristics: age, ethnicity, and perceived effect of the child's disability on day-to-day functioning.

- ✓ The children in the families responding to this survey averaged 27 months of age.
- ✓ About 80% of the children in the families of the respondents were White/Caucasian, and about 13% were Hispanic.[2] The remaining children were African-American, Asian, Native American, or ethnicity was not indicated.
- ✓ In describing how their child's disability affects day-to-day functioning, families rated the Ability to talk and Ability to express needs somewhat more affected than other domains of functioning.
- ✓ On a scale from *Not at All* to *Completely,* families typically indicated their child was *Somewhat* affected by his or her disability.

The disability affects the child in the following domains:



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[2] Respondents to mail surveys tend to be of the majority ethnically and culturally. Data from the 1990 census suggests that the expected population for 0-3 years with developmental disabilities (2% of total population) in Colorado is about 76% Caucasian and about 16% Hispanic.

Supports and Services

Each community in Colorado is unique in its resources, supports, and services available to families and children. We asked families about their use of and desire for commonly found supports, services, and other types of help. The information below describes supports and services families indicated they used, and *how helpful* the supports were to the child and family (Not at all helpful to Extremely helpful). Additionally, families indicated supports they wanted, but were not available.

Use of Community-Based Activities, Supports, and Services

Community-based supports may take a variety of forms. The existence of community settings to support families of children with special needs depends on many factors, including available resources, community support, and families' desire for community-based supports. We asked about families' use of some common community supports that are typically available to families of children with special needs, as well as other families in the community. These included play groups, community recreation programs, child care providers, library activities, church or religious activities, play centers (McDonalds's Play Place, Discovery Zone, etc), and baby sitting co-ops.

- ✓ The most frequent used community-based support was **Play Centers**, and families indicated that they found this resource *Helpful to Very Helpful* in addressing child and family needs.
- ✓ **Play Groups** were most often described as the most helpful supports of those listed.
- ✓ The support most often described as *Wanted, but unavailable* was **Babysitting Co-ops.**
- ✓ The average number of community supports families indicated they used in the last year was about 3 out of 7 listed.
- ✓ The average rating for the helpfulness of these community supports indicated the supports were perceived as *Helpful to Very Helpful.*
- ✓ The average number of community activities families indicated they *Wanted, but were not available* in the last year was about 3 of 7 listed.

Use of Traditional Services: Home, Center, and Community-Based

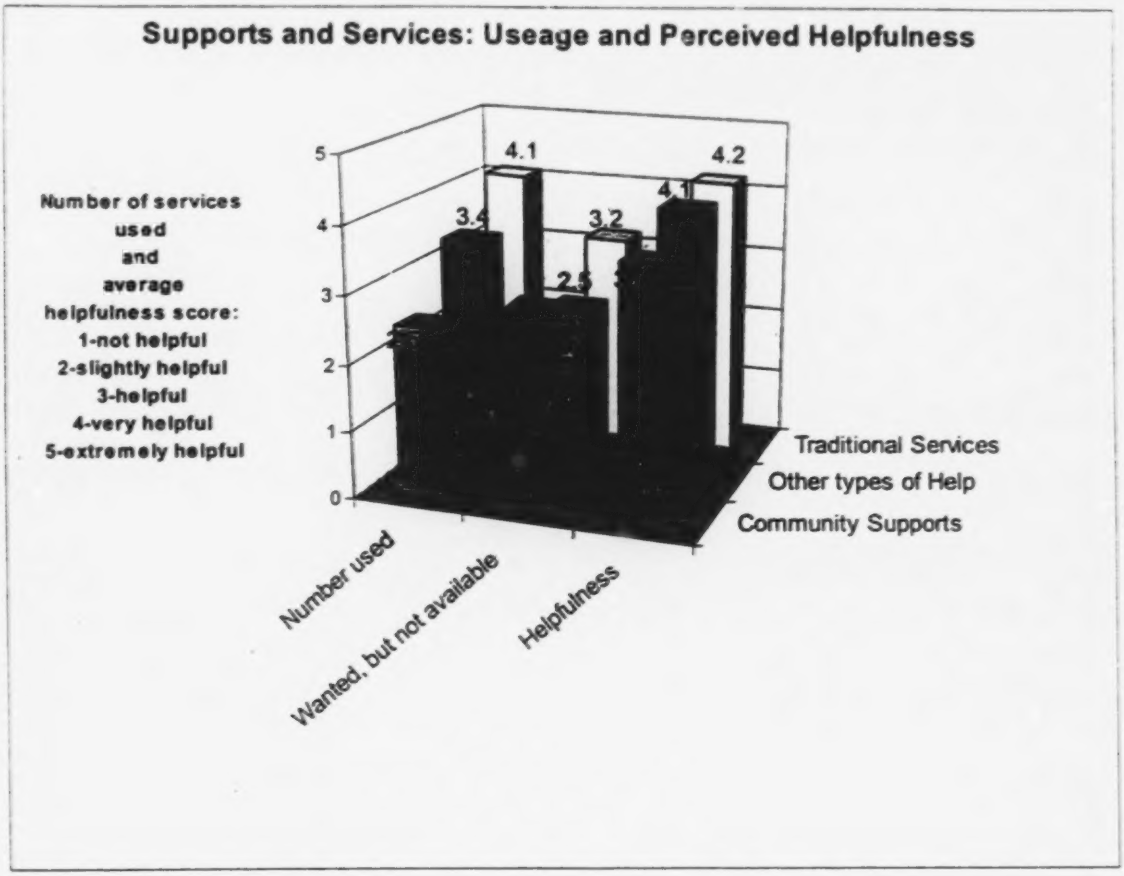
We asked families to describe their use of traditional services often associated with supporting children with special needs. These included occupational therapy, physical therapy, speech/language therapy, and special instruction. Families were asked to indicate *where* they typically received services: home, clinic or center, or in a community based settings (preschool, recreation center, child care facility, etc.), and *how helpful* the services were (Not at all helpful to Extremely helpful). Finally, we asked what services were wanted, but found unavailable.

- ✓ Services were most often used in a center or clinic, and least often in a community setting.
- ✓ The average rating for the helpfulness of traditional services indicated the they were perceived as *Very Helpful to Extremely Helpful* in addressing child and family needs.
- ✓ The average number of services families used in the last year was about 4 out of 13 listed.
- ✓ The average number of supports and services families indicated they wanted, but were not available in the last year was about 3 out of 13 listed.

Family use of Other Supports and Services

There are a variety of services available to many families in the community that do not clearly fit into the description of traditional services for children with special needs, or community-based supports. These include medical services, social work, vision and audiology services, psychological services, transportation assistance, special equipment, assistive technology, and nutritional counseling (WIC, dietician, etc.). We asked families about their use of these other supports and services, *how helpful* they were (Not at all helpful to Extremely helpful), and if the services were wanted, but not available.

- ✓ Families used **Visits to Doctor**, **Audiology**, and **Nutrition** services most often of the other types of help listed.
- ✓ **Nutrition services** and **Respite Care** were most often indicated as the most helpful forms of other services.
- ✓ The average number of other supports and services used in the last year was about 3 of 11 listed.
- ✓ The average rating for the helpfulness of the listed supports and services indicated the supports were perceived overall as *Very Helpful to Extremely Helpful.*
- ✓ The average number of other supports and services families indicated they wanted, but were not available in the last year was about 3 out of 11 listed.


Supports and Services: Useage and Perceived Helpfulness

Funds used for Services and Supports

Family Support Money and other Special Funds

Many families of children with special needs depend on funds from the Family Support Program and other organizations that provide long-term or one-time emergency financial support for the costs associated with supporting a child with special needs. Such expenses may include respite care, therapy, home modifications, medical services, special equipment, or day-to-day living expenses, such as rent or transportation assistance. We asked about families use of and desire for such funds, *how helpful* the funds were (Not at all helpful to Extremely helpful), and what the money was spent on, if funds were received.

- ✓ Over ½ of respondents indicated they received funds to help pay for supports and services last year.
- ✓ Compared with all the above community supports, traditional therapies, and other help, financial assistance was most often described with the least variation in responses as *Extremely Helpful* in addressing child and family needs.
- ✓ Funds given to support child and family needs were most often spent on **Respite and child care**, **Speech Therapy**, and **Toys and educational materials for the child.**

Personal Resources and Insurance

In addition to querying families' use of funding available through state and local organizations, we also asked when families themselves, or their insurance companies were responsible for payment of services and supports.

- ✓ About 45% of families indicated that their HMO or insurance paid for **Medical Services**. This was the most frequently compensated service, followed by **Physical** and **Occupational Therapy**
- ✓ About 27% of families indicated they personally most often paid for **Medical Services.** This service was the most frequently paid for by families, followed by **Physical** or **Speech Therapy**.
- ✓ The average number of supports and services families personally paid for in the past year was about 2 of 14 listed.
- ✓ The average number of supports and services insurance companies or HMO's paid for was about 3 of 14 listed.

Overall Feedback:

Amounts of Supports and Services Received

In addition to the detailed questions about what supports and services families use, and how helpful they are, we asked respondents to rate the amount of support and service they received overall. We also requested that respondents explain their answers in their own words.

- ✓ About half of the respondents indicated the amount of services they received was **the right amount**.
- ✓ However, nearly one third of respondents indicated they **want more services than they are currently getting** or feel they **are not getting nearly enough of what the child and family needs**.

The explanations given most frequently for the above ratings were:

- ✓ We needed more financial assistance
- ✓ We wanted therapy sessions more frequently
- ✓ We needed more information about available supports and services
- ✓ We felt people did not listen to our family's unique concerns and needs

Families offered opinions and suggestions about the choices they have had in services and supports:

"We need more information on play groups, outside activities, family outings..."

"We need more readily available information on the various programs..."

"I just don't know what the choices are..."

" I want respect for my choices concerning my son's disabilities."

"More home articulation therapy."

"Individualized speech and language therapy at school."

"Physical therapy: I need to get [him] physical therapy at least once a week"

"Individual speech therapy that is not expensive."

"[We'd like] the opportunities to do group activities in the community with other disabled children and their parents."

"Support and classes with other parents that have a child with the same or similar disability as my child."

Families also shared their stories of the difficulties of getting supports and services paid for, and dealing with the financial burden of getting the necessary supports and services for their child.

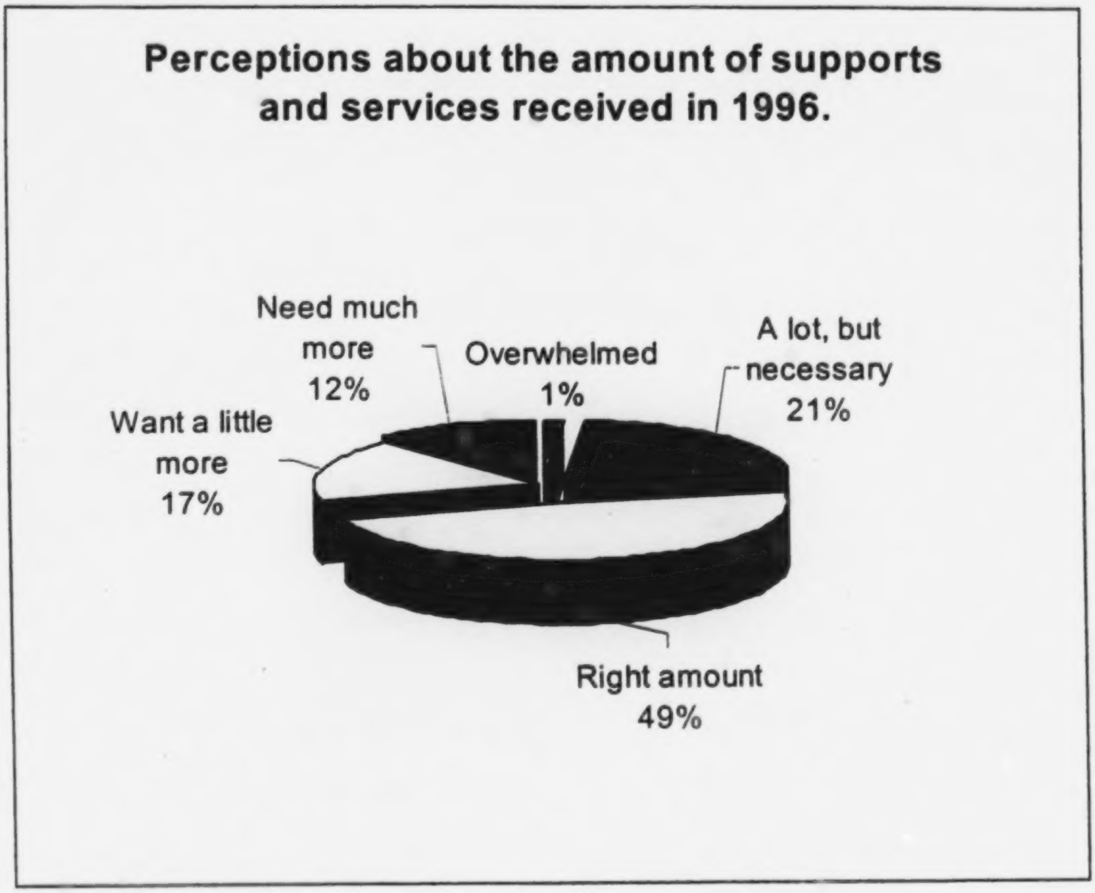
"We need help just paying the medical deductible..."

" There is not enough funding to pay for [my child's] speech therapy."

"He uses more special equipment a month than we can pay towards the bill."

"Getting insurance to pay for ANYTHING!"

"Insurance companies don't want to pay for services..."



Perceptions about the amount of supports and services received in 1996.

Participation in the Community

The level of inclusion in the community for both families and their children with special needs is a primary focus of ECC in Colorado. The provision of equal opportunities for accessing community activities and receiving supports and services in an inclusive setting with other families and children is a challenge all communities are facing. We asked families a variety of questions about their perceptions of the availability of inclusive options in their area, including how important they felt these opportunities were.

The following questions were asked with the request for a ranking of *agreement* (strongly disagree to strongly agree), and a ranking of *importance* (not important to critical).

- I have involved my child in activities in the community just like I would have if my child did not have any special needs.
- We, as a family, have been able to participate in the community just like we would have if my child did not have any special needs.
- My community (schools, libraries, city programs, rec centers, businesses, etc.) makes it possible for children with disabilities and their families to participate along side all of the other children and families.
- Specialized services (such as therapies) my child or family needs are readily available in my community.
- My community makes it possible for families to choose from a wide variety of supports and services as ways to address their child's and family's needs.

- ✓ On average, families rated their agreement with experiences of the above statements in the *Agree to Strongly Agree* range.[3]
- ✓ On average, families rated importance of the above statements as *Very Important to Critical.*

Next, we asked families to rate the *importance* (not important to critical) of various activities promoting awareness, inclusion, and addressing child and family needs.

- General parenting education intended for parents of children without disabilities
- Parenting education intended for parents of children with disabilities
- Individualized developmental intervention or therapies
- Developmental intervention or therapies as a part of activities in the community with other children without disabilities
- Support from other parents of children with special needs
- Participating in activities in the community where children without disabilities spend time
- Participating in activities in the community where parents of children without disabilities spend time

- Overall, Colorado families rated the above statements in a range indicating they are *Important to Very Important* in addressing their child and family's needs.
- **Individualized developmental intervention or therapies** were consistently rated as most important of the above options for addressing child and family needs.

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[3] Although the average rating of agreement with these statements is high, there was a significant degree of variability in the responses, suggesting that although inclusive settings may be accessible to some families, they are clearly not available to all.

We asked families to tell us in their own words how they would like to participate in their communities with their child with special needs:

"I would like to know more of what is available to help my child with her development. Any discussion groups or stimulation classes, etc."

"Perhaps we could coordinate more group outings with other families to make our presence known in the public."

"I would be willing to share my situation with doctors or people in decision-making positions concerning medical and therapies. Given an opportunity or platform, I'd like them to know and be informed on the uniqueness and individualities of children with disabilities."

"I would like to have more time with parents and kids with similar disabilities in things like park outings, support groups, etc."

"I would like to know how I can participate with my son's services. I've never been asked to participate."

"I would like to take her to fun places and meet other kids her age."

"I have been very satisfied with my participation."

Service Coordination

The Family Survey asked about perceptions regarding assistance received through the mandated service coordination system in their community. Additionally, we asked about *what activities* service coordinators were involved with in assisting families, and we asked families to tell us what the *most useful contributions* service coordinators made to their child and family. Finally, we asked families to rate the contribution to the *work* of service coordination (None of the work to All of the work) by various individuals and agencies typically available to families with young children receiving help through Early Childhood Connections.

- ✓ 60% of families indicated they have one person coordinating supports and services for their child and family.[4]
- ✓ 40% of respondents indicated they do not have one primary service coordinator or did not know if they do.
- ✓ Regardless of whether a family has a primary service coordinator, the respondents indicated they personally performed **most** of the work of service coordination for their child and family.
- ✓ Families who indicated they have a primary service coordinator were more likely to access formal support sources, such as therapists, medical personnel, teachers, public agencies and early childhood intervention programs. These families indicated these sources provided significantly more help in caring for their child than families without a primary service coordinator.
- ✓ Respondents reported an average of four people involved with service coordination for their family. These were fairly even divided between professionals and non professionals, such as friends and family members.

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[4] The 1996 Colorado Summary Child Count Report indicated that primary service coordination was provided for 93% of the families reported.

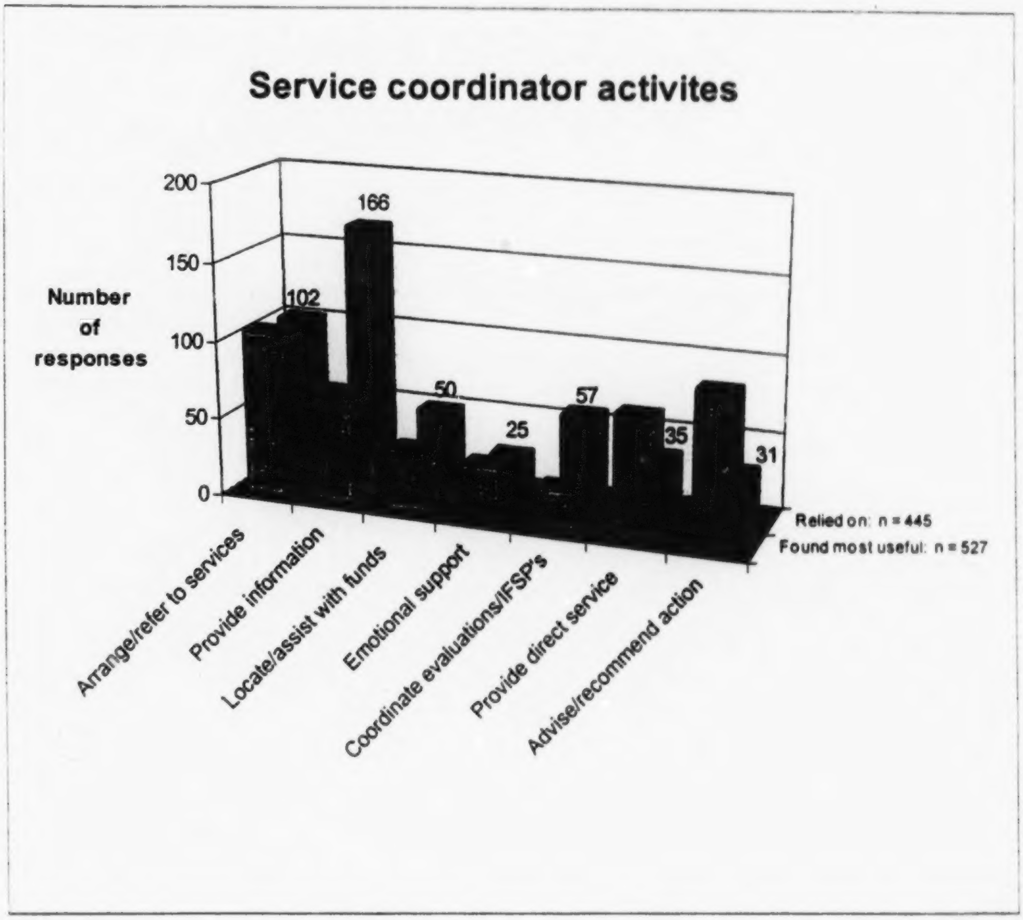
Perception of Service Coordinator Activities

When asked what activities they *rely* on service coordinators for, families responded most frequently in the following areas:

- ✓ 32% relied on their coordinator to provide information and answer questions.
- ✓ 20% relied on their coordinator to arrange and/or refer to supports and services

When asked what activities service coordinators performed that were *most useful*, families responded most frequently in the following areas:

- ✓ 24% indicated arranging and referring to supports and services.
- ✓ 22% indicated providing information and answering questions.
- ✓ 17% indicated locating funding sources.
- ✓ 15% indicated emotional support provided by the coordinator.


Service coordinator activites
Number of responses
200
150
100
50
0
166
102
50
25
57
35
31
Relied on: n = 445
Found most useful: n = 527
Arrange/refer to services
Provide information
Locate/assist with funds
Emotional support
Coordinate evaluations/IFSP's
Provide direct service
Advise/recommend action

Social Support

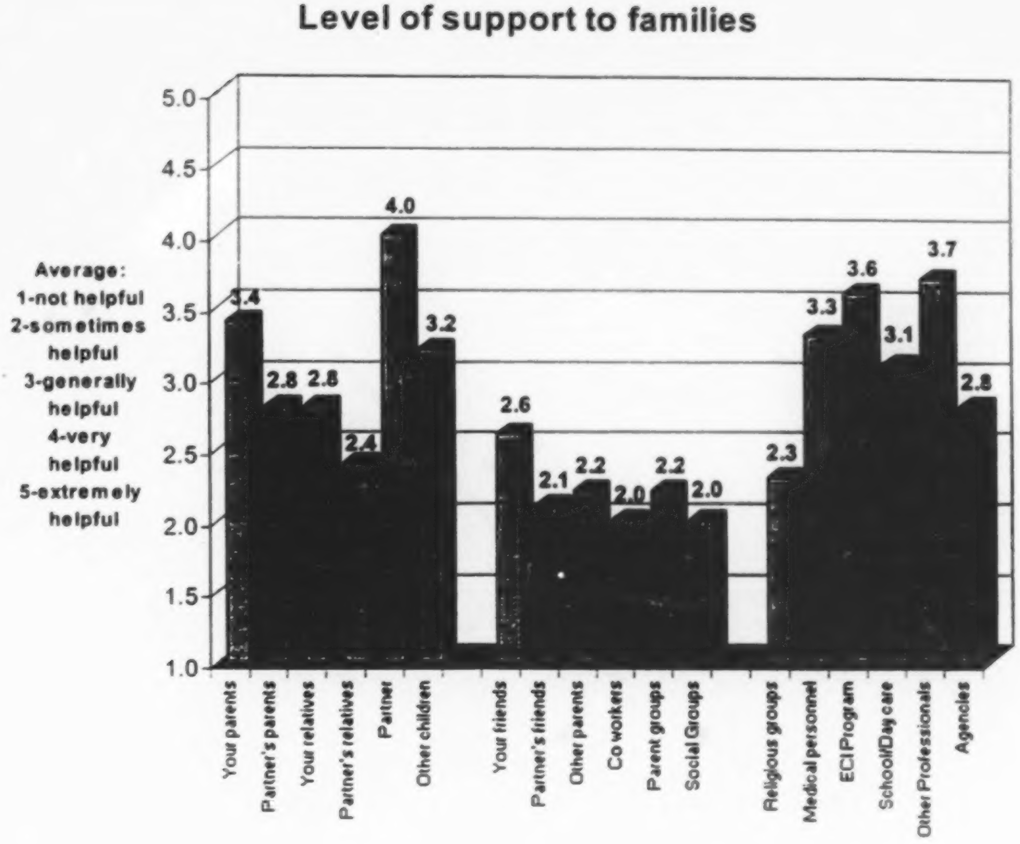
Increased social and emotional support from family, community, and other parents of children involved in ECC has become an important goal for many communities in Colorado. The ECC Family Survey presented a series of items relating to social and emotional support available to families. Sections of Carl Dunst's Family Support Scale (1992) were used as one measure of the social support available to families from various family members, other individuals, professionals, and agencies. It may be inferred that connection with ECC would provide opportunities for a higher level of social support to families, through either formal or informal means. Additionally, questions were asked relating to the family's involvement with Parent-to-Parent support, which is considered by many to be a critical source of support to families of children with special needs.

Support in Caring for the Child with Special Needs

✓ Respondents rated their **spouse or partner** as the most helpful in terms of caring for their child above all other sources of support.

✓ **Professional helpers (social workers, therapists, teachers, etc.)** and the **Early Childhood Intervention (ECI) Program** were described as most helpful following the spouse or partner of the respondent.

✓ Overall, families indicated formal support sources (medical personnel, ECI, school/day care, professional helpers, and agencies) as most helpful in caring for their child, and informal, non-family sources (friends, other parents, parent groups, social groups, religious group members) as least helpful.


Level of support to families
Average:
1-not helpful
2-sometimes helpful
3-generally helpful
4-very helpful
5-extremely helpful
5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
3.4
2.8
2.8
2.4
4.0
3.2
2.6
2.1
2.2
2.0
2.2
2.0
2.3
3.3
3.6
3.1
3.7
2.8
Your parents
Partner's parents
Your relatives
Partner's relatives
Partner
Other children
Your friends
Partner's friends
Other parents
Co workers
Parent groups
Social Groups
Religious groups
Medical personnel
ECI Program
School/Day care
Other Professionals
Agencies

Parent-to-Parent Support Opportunities

We asked families *how helpful* (Not at all helpful to Extremely helpful) other parents had been in providing information and support needed, as well as how helpful the respondent felt they could be in providing this service to other parents.

- ✓ Overall, respondents indicated they found other parents *A little helpful to Helpful* in providing information and support.
- ✓ Overall, respondents indicated they felt they could be *Helpful* in providing support and information to other parents.[5]

We then asked when respondents were offered an opportunity to meet other families of children with special needs who might be able to provide information and support, as well as when the respondents were offered an opportunity to provide this kind of support to other families.

- ✓ About one half of respondents indicated they were offered an opportunity to meet other families who could provide support within the first six months after their child's special needs were identified.
- ✓ However, nearly one third of the respondents indicated they were never offered this opportunity.
- ✓ Nearly 60% of respondents indicated they were never offered an opportunity to provide support and information to other families.

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[5] Again, although these ratings are generally in the positive, the large amount of variation of responses indicates that there may be strong opinions on this issue that vary widely across different families.

Overall Feedback:
Processes and systems in ECC

The legislation of Part C of IDEA mandates many processes for the provision of quality, family-centered services and the protection of family and child rights. Although the goal of the Family Survey was not to assess the degree of compliance with the mandated assurances per se, family satisfaction with these processes was of direct interest to the evaluation. Families were asked how satisfied they were with some of the key processes associated with Part C, as well as the manner in which family members were included throughout the process of moving through the system.

Satisfaction with required processes

Respondents were asked to rate their level of satisfaction (Very dissatisfied to Very satisfied) with processes concerning entry into and information concerning ECC, Individualized Family Service Plan (IFSP) development, evaluation, service coordination, transition plans, family-centeredness, inclusion, and provision of supports and services.

- ✓ Overall, families indicate they are *Unsure to Satisfied* with the processes they have experienced in ECC.
- ✓ The processes rated highest were **First contacts with people who offered to assist in addressing concerns and priorities about the child and family** and **The supports and services received.**
- ✓ Those rated lowest, and with the highest amount of variation reflected some ambivalence surrounding **...transitions as the child grows older**, and the process of **...learning about the system**.

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Family-centered practices

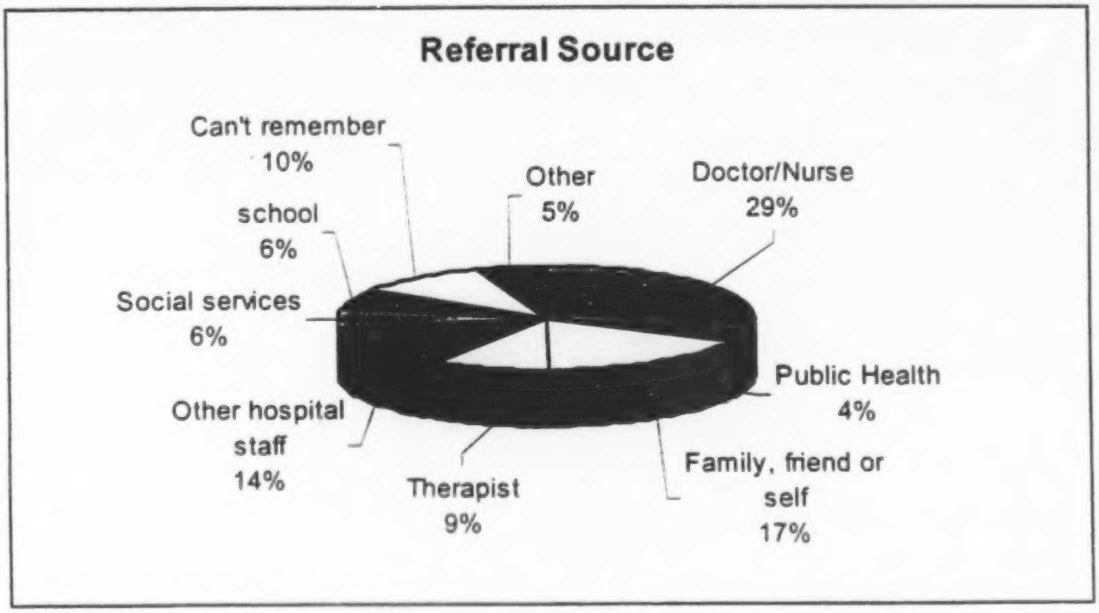
The following is a selection of the items used to assess the use of "family-centered" practices in Colorado. We inquired about families' perceptions of family-centered practices by asking how families participated in the planning, goal-setting, and decision-making processes for their child and family. Additionally, we asked how respondents felt about how they were treated by service providers and other professionals during these processes. Families were asked to rate the following statements in terms of the *agreement* (Strongly disagree to Strongly agree) with their personal experiences, and the *importance* (Not at all important to Critical) of what the statement represents.

- Service providers seemed to value what I had to share about my child and family.
- Service providers emphasized those things my child can do instead of what my child can't do.
- Service providers were open and honest with me.
- Service providers used language I understood.
- Service providers seemed to understand what I want for my child and family and agreed that these things were important.
- Service providers were interested in what we wanted for our entire family (not just our child).
- I was an active participant.
- I was listened to.
- I have regular opportunities to consider a variety of options and make choices.
- My child's supports and services plan (IFSP) only includes goals I think are important.
- Service providers viewed me as the most important decision maker for my child.
- Service providers seemed to believe in my ability to address my child's and family's needs
- My family's individuality was respected.

- Overall, respondents *Agreed* with 13 statements about family-centered practices in Colorado.
- Overall, respondents indicated the 13 statements were *Very important* to them.

Referral Sources

Finally, we asked families how they were referred to Early Childhood Connections. In some cases, multiple responses were indicated, but the respondents typically indicated their doctor, nurse, or other hospital or clinic staff referred them to ECC. Additionally, a significant percentage of respondents indicated a family member, friend, or they themselves provided the referral.



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Evaluator's Note

During the period from the Fall of 1995 through the Summer of 1997, a statewide evaluation of Early Childhood Connections (ECC) was undertaken by the Colorado Foundation for Families and Children (CFFC). Under the direction of a steering committee from the Colorado Department of Education (CDE) and an advisory committee comprised of representatives from the Colorado Interagency Coordinating Council (CICC), the aim of this evaluation was to examine four Outcomes of Early Childhood Connections. The following evaluation strategies were identified as sources of contributing data.

The Community Self-Assessment
Family Survey
Community Infant Services Review (CISR)
Local Data Forms
Community Implementation Survey
Longitudinal Interview Study of Families
State Services Review

The project was designed to be a multi-year evaluation, with the work during the period of 1995-1997 creating a baseline of data from which change over time could be examined on an ongoing basis. Analyses and recommendations from each strategy were intended to contribute to a comprehensive analysis across all strategies from which would emerge implications and recommendations for the ongoing development of ECC with respect to its values and priorities.

It was determined by staff from CDE/ECI that the evaluation project would provide no analyses other than simple description of the data. Additionally, CDE/ECI requested that no recommendations be made by the Foundation based on the evaluation information that was gathered. Consequently, products from the evaluation project are unconventional and limited in scope and depth.

APPENDIX 4

STATE OF COLORADO

COLORADO DEPARTMENT OF EDUCATION

201 East Colfax Avenue
Denver, CO 80203-1704
FAX (303) 830-0793

1876

Richard A. Laughlin
Acting Commissioner
of Education

TO: EARLY CHILDHOOD CONNECTIONS LOCAL COORDINATORS AND
RURAL COUNTY PROJECT COORDINATORS
CICC MEMBERS
CCB EARLY CHILDHOOD DIRECTORS
FAMILY SUPPORT COUNCIL CHAIRPERSONS

FROM: EARLY CHILDHOOD CONNECTIONS STAFF

RE: POLICY ON THE USE OF IDEA FUNDS

DATE: JULY 8, 1997

The attached policy is the result of extensive work in the past year by many people, including local coordinators and board members, CICC members and Early Childhood Connections staff, regarding the use of IDEA, Infant and Toddlers (PART C) funds in Colorado to pay for supports and services. This policy must be reviewed by the Office of Special Education Programs (OSEP) U.S. Department of Education to obtain their approval. Once the policy is approved it will become part of Colorado's Early Childhood Connections State Plan.

Please note that this policy is based on Federal statute and regulations and provides additional clarification on the appropriate process and use of funds. We continue to support the addition of the "Other" category in addition to the sixteen categories listed in Federal statute and regulations. With the exception of respite services, we have found that most family requests local communities experience can be put into one of the sixteen categories.

We believe this policy is consistent with our community development strategy which supports the local implementation of Early Childhood Connections and should not conflict with strategies to increase local community capacity for eligible families and their children. Local coordinators should contact their Early Childhood Connections consultants when they have questions or need more clarification about this policy.

One constant we have learned is that things change over time. Considering this, we anticipate that Early Childhood Connections staff and local coordinators will discuss the progress on implementing this policy in the Fall.

Thank you again for your participation through this process.

[CONTINGENT ON OFFICE OF SPECIAL EDUCATION PROGRAMS (OSEP) APPROVAL]

POLICY ON THE USE OF INDIVIDUALS WITH DISABILITIES EDUCATION ACT(I.D.E.A.), INFANT/TODDLER FUNDS

This policy is to clarify the use of I.D.E.A., Infant/toddler dollars in Colorado to pay for supports and services. The policy is based on I.D.E.A., Infant/toddler statute (P.L. 105-117)* and regulations (section 303.12) and the values adopted by the Colorado Interagency Coordinating Council. This policy does not apply to other public and private dollars that may pay for supports and services for children eligible for Early Childhood Connections, in Colorado, and their families.

Policy

1. I.D.E.A. dollars may only fund supports and services, including assistive technology devices, that:
    a. are developed in collaboration with the family.
    b. are identified on an individualized family service plan (IFSP).
    c. meet the developmental needs of the child or meet the needs of the family related to enhancing their child's development.
    d. are related to functional outcomes.**
    e. are provided in natural environments.**
    f. are related to the 16 categories in section 303.12 or Colorado's "Other" category.**

2. I.D.E.A. dollars may not fund:
    a. supports and services that the child and family may receive from any other federal, state, or local sources except for interim payments as described in the Payor of Last Resort/Interim Payments-Reimbursement (refer to section 303.527{b}).
    b. usual and customary expenses* of families.
    c. health services or other costs related to health services, such as transportation, food or lodging (refer to section 303.13{c}).

3. All other resources must be appropriately accessed prior to using I.D.E.A. dollars.

Implementation

1. The Individualized Family Service Plan (IFSP) process is the vehicle for identifying funding resources that may be used to implement the IFSP. The process should identify community and specialized resources, including family contribution, that are known to the IFSP team. If additional resources are

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*Part C of I.D.E.A. amendments of 1997

**refer to addendum for definitions

CDE/Early Childhood Connections Staff July 8, 1997

needed, a community process will be established to review identified needs to determine if other community resources, unknown to the IFSP team, might be accessed prior to using I.D.E.A. funds in accordance with this policy.

2. Ongoing service coordination is the vehicle for ensuring that families have information about: community, state and federal resources; how systems work; and a variety of service delivery models and options so that families can make informed decisions.

Other considerations:
If any part of this policy creates a barrier to the implementation of an individual child's IFSP due to unique community circumstances, the lead agency will work with the community to develop creative strategies that are consistent with the policy and that are responsive to the needs of the child and family.

The Colorado Interagency Coordinating Council (CICC) and the lead agency will continue to develop strategies to support other payers, including Medicaid to allow for more flexibility in service provision.

[CONTINGENT ON O.S.E.P. APPROVAL]

CDE/Early Childhood Connections Staff July 8, 1997

[CONTINGENT ON O.S.E.P. APPROVAL]

Addendum to
POLICY ON THE USE OF I.D.E.A., INFANT/TODDLER FUNDS

Definitions:

Functional Outcomes: are those outcomes that are relevant to the everyday life of the child and/or family rather than predicated by developmental checklists or assessment instruments.

Natural environments: are those settings that are natural or normal for the child's age peers who do not have disabilities, including home and community settings but excludes community settings where a disproportionate number of children with disabilities congregate.

Colorado's "Other" category: are those supports and services identified on the IFSP that are consistent with this policy and do not fit in the other 16 categories listed under section 303.12.

Usual and customary expenses: are those expenses that are incurred by families when they have children, such as child care to allow parents to work, car seats, diapers, baby gates and formula.

Guidance for early intervention categories outlined in section 303.12 and Colorado's "Other" category:

√ *Transportation* costs refer to costs necessary to enable a child and the child's family to receive supports and services to meet the developmental needs of the individual child and the child's family. This does not include lodging and food expenses or travel reimbursement to health services.

√ *Assistive Technology Devices* includes any special equipment and items related to functional outcomes on the IFSP, such as developmental toys, modifications to standard items such as strollers, seats, play equipment.

√ *Special Instruction* includes community activities, such as playgroup, Gymboree, and infant swim classes which may be used to address functional outcomes on the IFSP.

√ *Family Training* includes such things as infant massage, which may be used to address functional outcomes on the IFSP.

√ Acupuncture and vitamin therapy are considered a medical intervention and therefore can not be paid for with I.D.E.A. dollars.

√ Physicians orders for nursing care are typically not developmental but health related and can not be paid for with I.D.E.A. dollars.

(This is not an exhaustive list but an attempt to clarify frequently asked questions.)

CDE/Early Childhood Connections Staff July 8, 1997

APPENDIX 5

This Document was Drafted to Facilitate an Eligibility Discussion

Together Learning Care (TLC) Retreat
Mount Princeton, CO
April 24 & 25, 1997

CDE and DDS -- Things that we agree on regarding eligibility of infants and toddlers

CDE and DDS have a role in facilitating local agencies in working effectively together.

- When there are clear concrete requirements based on rules and regulations, CDE and DDS should articulate their specific expectations.
- When there is latitude for local interpretation of rules and regulations, CDE and DDS should provide guidelines and technical assistance which establish parameters under which local implementation should occur.

Givens:

1. The eligibility determination process for early intervention services and supports is separate and distinct from the perceived availability of resources.

2. Federal Part H rules and regulations require that "informed clinical opinion" be used to determine if criteria for developmental delay is met.

3. Community Centered Boards (CCB) are responsible for eligibility determination for use of funds authorized under developmental disabilities enabling legislation, C.R.S. 27-10.5, as amended.

4. Federal Part B rules and regulations require that local school districts/BOCES locate, identify, and evaluate children who may be eligible for Part H.

5. Six month reviews are not for the purpose of re-determining eligibility but to determine progress and continued needs.

Areas of Agreement:

1. It is the intention of each of our definitions to serve infants and toddlers who have significant developmental delays. CDE and DDS should develop a shared understanding of what we mean by "significant" developmental delay.

2. CDE and DDS want families to be able to access services and supports with a minimum of hassle -- we don't want them to "jump through extra hoops."

   a) Differences in local eligibility processes may be creating additional and unnecessary "hoops" for some families.
   b) Even though a CCB is responsible for eligibility determination for use of DDS funds, that does not mean that the evaluation must be done by the CCB.
   c) Child identification in local communities should be a coordinated, collaborative effort.

3. Determination of eligibility should be based on appropriate evaluations by qualified individuals.
   a) There needs to be documented evidence that the infant or toddler has a significant developmental delay.
   b) There are no clearly objective procedures for determining eligibility -- there will always be some degree of subjectivity in determining eligibility for services.
   c) CDE and DDS recognize the difficulties posed by the use of standardized instruments in the eligibility determination for infants and toddlers and do not consider them reliable as a sole criteria for decision-making regarding eligibility.

4. Infants and toddlers with "conditions known to be associated with developmental delay" may be determined eligible for either Part H or CCB services without demonstrating a significant developmental delay. However some infants and toddlers may have conditions which are not clearly known to have a high probability of resulting in developmental disabilities or delays (see p. 32 of the State Plan) and these infants and toddlers may require a multidisciplinary team evaluation in order to develop an "informed clinical opinion" for decision-making regarding eligibility.

5. There will always be ambiguity when dealing with young children on an individualized basis! This is why a multidisciplinary team process is important.

Questions for Discussion:

1. Is there a perceived difference between kids who are Part H eligible and kids who are CCB eligible?

2. What do local agency representatives think should be the criteria for congruent eligibility? What are the current problems (examples) being experienced?

3. How would local representatives define "significant" developmental delay?

APPENDIX 6

THE COLORADO PEDIATRICIAN

Colorado Chapter American Academy of Pediatrics Fall 1997

Inside This Issue:

- President's Message
- Immunization Update
- Asthma Awareness Day
- From The Editor
- Opinion
- Cigar Trend Debate
- Annual Meeting Overview
- Help in Choosing an Assistant
- Children First
- Newborn Hearing Screening
- Residents Chapter

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What is EARLY CHILDHOOD CONNECTIONS?

by James Ledbetter, MD

When a family has a child who is *at risk* or *has special needs*, that family is entitled to certain supports, services, and rights according to IDEA or the "Individuals with Disability Education Act." In this particular legislation, the section that addresses supports & services for children under three years of age was referred to as Part H until 1997 amendments to IDEA changed this to Part C. In Colorado, the program is known as "EARLY CHILDHOOD CONNECTIONS for Infants, Toddlers and Families."

EARLY CHILDHOOD CONNECTIONS is for families who might have questions about their baby's development or health care needs. EARLY CHILDHOOD CONNECTIONS puts families of infants and toddlers who have developmental challenges or special health care needs in touch with:

- activities and opportunities in their communities;
- other families who share similar experiences;
- information about supports and services;
- professionals and families who can provide information and consultation.

EARLY CHILDHOOD CONNECTIONS assures families access to resources and valuable information in their communities to assist them in making informed decisions.

EARLY CHILDHOOD CONNECTIONS supports the following values developed by the Colorado Interagency Coordinating Council:

- Children and families are valued for their unique capacities, experiences, and potential;
- Families have the right and responsibility to make decisions on behalf of their children and themselves;
- Communities are enhanced by recognizing and honoring the diversity among all people;
- Families make the best choices when they have comprehensive information about the full range of formal and natural resources in their communities;
- Creative, flexible, and collaborative approaches to services allow for individual child, family, and community differences.

If you would like assistance in finding resources in your community or in obtaining pamphlets, packets, and brochures to hand out to families in your office, call the 4 PARENTS HELPLINE at 1-800-288-3444 (620-4444 in metro Denver) for the number of your county's EARLY CHILDHOOD CONNECTIONS coordinator.

IMMUNIZATION ALERT:
NEW IMMUNIZATION LAW & REQUIREMENTS
EFFECTIVE JULY 1, 1997

The Colorado Association of School Nurses (CASN) is pleased to announce that their organization has been granted a contract by the Colorado Department of Public Health and Environment (CDPHE) to implement the changes in the state school entrance immunization law (SB 82) and the new immunization requirements that began July 1, 1997. The funding is being provided by CDC, and the contract period will be from July 1, 1997 to December 31, 1997. School nurses from throughout the state are participating in this project. The goal of the project is to collaborate with county health departments, public health nursing services, health care providers, and school districts during this transition period.

The key changes in state immunization regulations follow:

- All students must present an immunization record in order to attend school;
- Students not up to date on immunizations will have 14 days to obtain the next required vaccines and present a written plan for completion;

The new requirements include:

- Two MMR's for all 7-12 graders;
- Proof of Hepatitis B series for all children in daycare through 4 years of age, and in preschool, kindergarten, and 7th grade (children under 15 months of age must meet the minimum number of doses required for their age).

Pediatricians and family practice physicians are encouraged to call: Anne Chapin, Immunization Project Coordinator, 303-692-2653, with questions or concerns regarding implementation of this new law.

APPENDIX 7

COMPARISON OF EARLY CHILDHOOD CARE & EDUCATION FUNDING STREAMS

NAME OF PROGRAM	TITLE I	IDEA - PART H	IDEA - SECTION 619	STATE MIGRANT	EVEN START
ADMINISTRATIVE AGENCY	State Department of Education oversees program and passes funds on to local school districts. State contact: Virginia Plunkett 866-6769	State Department of Education administers an request for proposal process. Contact: Elizabeth Soper-Hepp 866-6711	State Department of Education oversees program and passes funds on to local school districts. State contact: Jane Amundson 866-6712	State Department of Education awards grants to areas of high need. Contact: Christine Vidal 866-6756	The State Department of Education Early Childhood Leadership Team administers a request for proposal process. Contact: Frank Fielden 866-6674
ANNUAL FUNDING LEVEL (for State)	$63 million in 1996-97 (for children of all ages; approximately 4% of this amount is spent on preschoolers)	$4 million in 1996-97	approximately $18 million in 1995-96. ($4.6 million of this is federal, and 15 million is state.)	$3.2 million in 1997-98 (for children of all ages. 0 - 21)	$896 million in FY1998
NUMBER OF CHILDREN SERVED	44,000 children of all ages (1,700 preschoolers) were served in 1996-97	1,978 children served in 1996-97	7,255 children (ages 3, 4, & 5) served in 1996-97	In 1995-96, 2,834 children ages 0 - 5 (28% of total) were served during regular school year, and 2,340 (33% of total) during summer.	424 families in FY1996
PROGRAM DESCRIPTION	Enhanced supplementary educational opportunities (e.g. family literacy or reading support for child; preschool program; family support services, etc.)	Funds may be used to plan and provide a range of services for infants and toddlers with disabilities (0-3 years old) and their families.	Direct services for preschool children with disabilities (3-5 yrs old) and their families.	Supplemental educational assistance during school year including teachers aides, tutors, summer programs, health services, home-based services, links to special education, etc.	Family literacy program, includes parent education & support, adult basic education, early childhood care and education for children (in preschool, elementary school and/or child care), and parent-and-child-time-together.
STATE/LOCAL MATCH	100% federal funds; no match required.	100% federal funds; no match required.	No match is required. State contributes ½ of the per pupil operating revenue (through school finance) for each child with an IEP.	100% federal funds	90% federal/20% local in 1st year; 80/20 in 2nd year; 70/30 in 3rd year; 60/40 in 4th year; and 50/50 in 5th year.

NAME OF PROGRAM	TITLE I	IDEA - PART H	IDEA - SECTION 619	STATE MIGRANT	EVEN START
CHILD/FAMILY ELIGIBILITY	Children who attend "high poverty" schools (167 of Colorado's 176 school districts have at least one school) and that are failing to meet or are at risk of failing to meet state standards .	Infants and toddlers, age 0 to three, who are at risk of or have disabilities. The child must be assessed by a certified professional. No family income guidelines.	Preschoolers (age 3-5) with disabilities (i.e. 7th percentile and below in terms of development). The child must be assessed by a certified professional. No family income guidelines.	Children (up to 21 years of age) whose families, based on movement and agricultural work, move into new school boundaries to do their work (e.g. fishing, dairy, etc.)	Children, ages 0-7, and their families. Parents must be eligible for adult basic education or within State's compulsory school attendance age range.
PROVIDER ELIGIBILITY	Funds limited to school districts.	A wide variety of providers may participate, including community-based organizations and schools.	Services are provided almost exclusively by school districts.	Grants to BOCES and schoolsin areas of the state with the heaviest concentration of migrant workers.	Community-based non-profit organizations (which are typically those that provide adult basic education) in partnership with schools.
METHOD OF PAYMENT	Grants from State Dept of Education to local school districts.	Grants from State Education Department are awarded to a lead agency in the community. The lead agency administers these funds for appropriate services in the community. Funds also come from third party payments, such as private health insurance or Medicaid.	"Flow through" federal funds, plus school finance funds, are transferred to school districts.	Grants from the state directly to the BOCES or school.	Grants from the state directly to the non-profit agency or school district.
PAYMENT RATE	Varies among schools; no standard per child costs.	No per child rate. Funds are awarded to lead agencies according to a formula which is based on the number of live births.	Federal IDEA funds of $1,000 per child, plus ½ of per pupil operating revenue for each child ($2,200 is state average; but amounts vary by district.)	Funds awarded based on formula that includes population of migrant chidlren and number of eligible students identified. No standard per child rate.	No per child rate. Funds are allocated via grant awards to programs.

NAME OF PROGRAM	TITLE I	IDEA - PART H	IDEA - SECTION 619	STATE MIGRANT	EVEN START

NAME OF PROGRAM	**TITLE I**	**IDEA - PART H**	**IDEA - SECTION 619**	**STATE MIGRANT**	**EVEN START**
HEALTH AND SAFETY STANDARDS	None specified by the federal government. Preschool programs must have a valid child care license and must comply with Colorado Quality Standards for Early Childhood Care and Education Services.	Early childhood programs must meet state licensing requirements and must comply with--or be working toward compliance with--Colorado Quality Standards for Early Childhood Care and Education Services.	Early childhood programs must meet state licensing requirements and must comply with--or be working toward compliance with--Colorado Quality Standards for Early Childhood Care and Education Services.	If the early childhood program meets on a regular basis it must meet state licensing requirements and comply with--or be working toward compliance with--Colorado Quality Standards for Early Childhood Care and Education Services.	Early childhood programs must comply with--or be working toward compliance with--the Colorado Quality Standards for Early Childhood Care and Education Services.
PARENTAL CHOICE AND CONSUMER EDUCATION REQUIREMENTS	None required by the federal or state government.	Children must be placed in the "least restrictive setting" based on an evaluation of the child and preparation of an individual family service plan (IFSP).	Children must be placed in the "least restrictive setting" based on an evaluation of the child and preparation of an individual service plan (IEP).	None required.	None required.

COMPARISON OF EARLY CHILDHOOD CARE & EDUCATION FUNDING STREAMS

NAME OF PROGRAM	HEAD START	MIGRANT HEAD START	EARLY HEAD START	CHILD & ADULT CARE FOOD PROGRAM	COMMUNITY SERVICES BLOCK GRANT (LOCAL)
ADMINISTRATIVE AGENCY	Federal Regional Office of Health and Human Services (Head Start Bureau). Contact: Beverly Turnbo 844-3100 x301	Federal Department of Health and Human Services, Migrant Programs Branch. Contact: Dennis Penland 202-260-6656	Colorado has 4 programs. Two research sites are administered by Federal Dept of Health & Human Services, Head Start Bureau. Contact: Sarah Younglove 202-205-5342. Two others are administered by Federal regional office. Contact: Beverly Turnbo 844-3100 x301.	Colorado Department of Public Health & Environment. Contact: Kathy Brunner 692-2335	Colorado Department of Local Affairs. Contact: Bill Esparanza Ybarra-Sachman 866-4900 (State approves plans; funds administered locally by county social service departments.)
ANNUAL FUNDING LEVEL (for State)	$36.8 million in 1998	$3.3 million in 1997	$2.4 million in FFY1998	Federal entitlement program. $27 million in 1996.	$4.275 million in 1997 for all services; % spent on early childhood programs is unknown, but minimal. (Funds are primarily used for emergency services, food banks, job training.)
NUMBER OF CHILDREN SERVED	8,398 children in 1998	812 children in 1997	300 children (and their families) in 1998	40,000 children in 1996	N/A
PROGRAM DESCRIPTION	Part-day, part-year preschool program with other comprehensive family support services. (Some full-day, full-year services are available.)	Education and early childhood development program, including a range of comprehensive services for infants, toddlers, and preschoolers. Services generally full-day and extended day to meet needs of working migrant families. Length of services varies with crop season, in 1997 was June to October.	Continuous, intensive, & comprehensive family-centered services that facilitate child development, support parental roles, and promote self-sufficiency.	Provides reimbursement for meals & snacks in child care centers & family child care homes. Monitors center & homes for program compliance. Offers training on nutrition & child development topics.	Community Services Block Grant (CSBG) funds may be used for a wide range of services, including employment, education, income management, housing, emergency services, linkages iwth other agencies, self sufficiency, health, etc.

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NAME OF PROGRAM	HEAD START	MIGRANT HEAD START	EARLY HEAD START	CHILD & ADULT CARE FOOD PROGRAM	COMMUNITY SERVICES BLOCK GRANT (LOCAL)
STATE/LOCAL MATCH	80% federal funds. 20% match provided by local Head Start grantees (may be in-kind)	80% federal funds. 20% match provided by local Head Start grantees (may be in-kind)	80% federal funds. 20% match provided by local Head Start grantees (may be in-kind)	100% federal	100% federal
CHILD/FAMILY ELIGIBILITY	3 and 4 year old children from families with incomes at or below the povery level (10% of children served can be over income). Approximately 10-13% of children served have a disability/special need.	Infants, toddlers, and preschoolers (birth to age 5) whose parents are migrant workers.	Pregnant women & families with children under age 3, with incomes at or below 100% of poverty. 10% of children with disabilities. 10% of families may be "over income".	In centers: Reimbursement based on income of child's family: full rate for families with incomes at or below 130%; reduced rate for families at or below 185%; paid rate for families above 185% of poverty. In homes: All homes receive a basic rate of reimbursement for all children. The following homes receive a bonus rate in addition to the basic rate: 1) income-eligible providers; 2) family child care homes located in a low-income census tract or elementary school boundary where at least 50% of children receive free or reduced lunch; 3) homes serving children from low-income families may receive a per-child rate even if they don't qualify for #1 or 2 above.	Recipients must have annual incomes at or below 125% of poverty.
PROVIDER ELIGIBILITY	Local Head Start grantees, originally selected by the HHS regional office via an RFP.	Local grantees, originally selected by the HHS regional office via an RFP.	Local grantees, originally selected by a DHHS review panel via an RFP. Public agencies & private non-profit agencies are eligible applicants.	Child care centers must be non-profit, unless at least 25% of the children they serve receive Title XX subsidy. Family child care home sponsoring agencies must be a public or private non-profit agency.	N/A

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NAME OF PROGRAM	HEAD START	MIGRANT HEAD START	EARLY HEAD START	CHILD & ADULT CARE FOOD PROGRAM	COMMUNITY SERVICES BLOCK GRANT

NAME OF PROGRAM	HEAD START	MIGRANT HEAD START	EARLY HEAD START	CHILD & ADULT CARE FOOD PROGRAM	COMMUNITY SERVICES BLOCK GRANT (LOCAL)
METHOD OF PAYMENT	Grants from regional office to local grantees.	Grants from regional office to local grantees.	Grants from regional office to local grantees. Grants are awarded on a five year basis, and will be competitively re-bid thereafter.	Child care centers and sponsoring agencies reimbursed by state; family child care homes reimbursed by sponsoring agency.	Funds awarded to county commissioner or unit of government, based on local plans. County designee administers funds to local agencies, typically via grants.
PAYMENT RATE	$4,387 per child per year		Cost per child varies depending upon the grant award.	Centers and homes must comply with all state child care licensing requirements. Homes are monitored by sponsoring agencies 3 times a year.	N/A
HEALTH AND SAFETY STANDARDS	Programs must comply with Head Start Performance Standards and must comply with Colorado child care licensing laws. Additionally, programs that also receive funds from the Colorado Preschool Program must comply with the uniform Colorado Preschool Standards.	Programs must comply with Head Start Performance Standards and Colorado child care licensing laws . Additionally, programs that also receive funds from the Colorado Preschool Program must comply with the uniform Colorado Preschool Standards.	Programs must comply with Early Head Start Performance Standards that take effect January 1, 1988, as well as any applicable Colorado licensing laws, whichever are more stringent.	Providers must comply with Colorado child care licensing laws.	N/A
PARENTAL CHOICE AND CONSUMER EDUCATION REQUIREMENTS	None required.	None required.	May apply if referrals are made to community-based child care.	N/A	None required

COMPARISON OF EARLY CHILDHOOD CARE & EDUCATION FUNDING STREAMS

NAME OF PROGRAM	CHILD CARE & DEVELOPMENT FUND	TITLE XX	RESPITE CARE/CRISIS NURSERIES	TANF	COLORADO PRESCHOOL
ADMINISTRATIVE AGENCY	Division of Child Care at DHS; part of CCAP program. Contact: Oxana Golden 866-5943	Division of Child Care at DHS; part of CCAP program. Contact: Oxana Golden 866-5943	Division of Child Care at DHS. Contact: Oxana Golden 866-5943	Division of Child Care at DHS; part of CCAP program. Contact: Oxana Golden 866-5943	Department of Education allocates school finance money to local school districts. Districts must have a local advisory council and may offer the program directly or contract out with private providers. Contact: Sharon Triolo-Maloney 866-6781
ANNUAL FUNDING LEVEL (for State)	$33 million in SFY1998 Additional Funds: • MOE $8.986 in SFY98 • State $1.3 in SFY98 • CCDBG "roll over" $4 mil	$5 million in SFY 1998	$300,000	None in 1998 (Up to 30% of Colorado's federal TANF allocation may be transferred to the child care fund.)	$20 million in 1996-97 school year
NUMBER OF CHILDREN SERVED	21,636 in 1997 (unduplicated count, includes JOBS, TCC, CCDBG & new CCDF)	9,273 in 1997 (unduplicated count)			8,500 in 1996-97 school year

NAME OF PROGRAM	**CHILD CARE & DEVELOPMENT FUND**	**TITLE XX**	**RESPITE CARE/CRISIS NURSERIES**	**TANF**	**COLORADO PRESCHOOL**
PROGRAM DESCRIPTION	For child care services & activities to improve quality & availability of child care. "Substantial" portion of $ must be spent on services; no less than 4% on quality & availability.	Federal block grant can be used for a variety of social services, including child care. Colorado uses a portion of these funds for full-day, full-year child care for low-income working families.	Temporary, time limited child care for families in crisis and children with special needs.	Funds from the Temporary Assistance for Needy Families block grant may be used for a variety of services designed to help needy families become self-sufficient. Funds can be used in any manner "reasonably calculated to accomplish" these purposes. Up to 30% of TANF funds may be transferred to the child care fund, at which point they must comply with all of the child care regulations. Child care funded with (untransferred) TANF dollars is subject to TANF time limits.	Part-day, part-year preschool for four year old children who are "at risk" of later school failure.
STATE/LOCAL MATCH	None for mandatory & discretionary ($9,084,141 for matching.)	1 million	none	No match, but maintenance of effort is required.	Follows school finance formula.
FAMILY/CHILD ELIGIBILITY	Child > 13 yrs, or .19 if special needs. Family income at or below 185% of federal poverty guidelines.* Parent employed or in job training/education. (*Counties may select an eligibility level between 130% and 185% of federal poverty level.)	No federal requirements; state follows the same eligibility as CCDF (at left).	Funds must be used for respite for families with chronically ill or disabled children and temporary child care for children at risk of abuse or neglect. No income guidelines or other eligibility criteria are applied.	Up to 30% of TANF funds may be transferred to the child care fund, at which point they must comply with all of the child care regulations.	Four year old children with significant family risk factors. Local communities identify the risk factors that are present in their community and are affecting children's development.

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NAME OF	**CHILD CARE &**	**TITLE XX**	**RESPITE CARE/CRISIS**	**TANF**	

NAME OF PROGRAM	CHILD CARE & DEVELOPMENT FUND	TITLE XX	RESPITE CARE/CRISIS NURSERIES	TANF	COLORADO PRESCHOOL
PROVIDER ELIGIBILITY	All legal child care providers. Lead agency must maintain list of names & addresses for all providers who receive funds.	All legal child care providers	Specific pilot projects were selected by DHS via a Request for Proposals process.	All legal child care providers.	Public schools, or an early childhood program that has been selected by the district advisory council and demonstrates a level of quality based on the Colorado Quality Standards for Early Childhood Care and Education Services.
METHOD OF PAYMENT	Contract Certificate (voucher) Cash to Parent	Contract Certificate (voucher) Cash to Parent	Contract	Contract Certificate (voucher) Cash to Parent	School finance funds awarded to district. District may contract with private provider.
PAYMENT RATE	Rates must ensure "equal access" to child care services comparable to those provided to families not eligible for subsidy. Rates must be based on biennial market rate survey.			Up to 30% of TANF funds may be transferred to the child care fund, at which point they must comply with all of the child care regulations. Federal regs are silent on the issue of rates for child care paid for with TANF funds directly.	Average state share is $2,000 per child (but varies by district.) County generates ½ of the per pupil allocation.
HEALTH AND SAFETY STANDARDS	State must certify that they have established requirements designed to protect the health & safety of children in child care which include: • disease prevention • building & physical premises safety • minimum health & safety training for providers (Relative & in-home care are exempt from regulation.)	None required by federal government; State imposes same health and safety standards as those established for CCDF (see left).		Up to 30% of TANF funds may be transferred to the child care fund, at which point they must comply with all of the child care regulations. TANF regs are silent on the issue of health and safety standards for child care paid for with TANF funds directly.	All of the classrooms must have a valid child care license.
PARENTAL CHOICE AND CONSUMER EDUCATION REQUIREMENTS	Parents must be given choice of contract or certificate and must be permitted to choose among contracted providers.	None required by the federal government; state applies same requirements as CCDF (see left).	None required by the federal government. Colorado requires all funded sites to provide services based on parental choice.	Up to 30% of TANF funds may be transferred to the child care fund, at which point they must comply with all of the child care regulations. TANF regs are silent on the issue of parent choice for child care paid for with TANF funds directly.	None required by state law or regulation. District option to contract is designed to address parent choice.